

addam



association of directors of development, admissions and marketing

a network of child and adolescent residential services professionals

AGENCY MEMBERSHIP APPLICATION

Agency Member (\$120 Annual dues)

Agency

Agency Name: _____

Agency Website: _____

Individual who will act as Agency's Chief Delegate to ADDAM

1) Name: _____

Title: _____

Address: _____

State: _____ Zip: _____ e-mail: _____

Office Ph: _____ Cell Ph: _____ Fax: _____

Additional individual ADDAM members from your Agency

2) Name: _____

Title: _____

Address: _____

State: _____ Zip: _____ e-mail: _____

Office Ph: _____ Cell Ph: _____ Fax: _____

3) Name: _____

Title: _____

Address: _____

State: _____ Zip: _____ e-mail: _____

Office Ph: _____ Cell Ph: _____ Fax: _____

(Please feel free to copy this form to submit names and contact info for additional individuals from your agency)

Please make checks payable to ADDAM

Completed membership applications and payment of membership dues can be sent to:

ADDAM Membership Committee
c/o Dave Michelson, Director Of Admissions
Hillcrest Educational Centers
PO Box 4699
Pittsfield, MA 01202
PH#: (413) 499-7924 X124
dmichelson@hillcrestec.org

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ASSOCIATE MEMBERSHIP APPLICATION

Associate Member (\$25 Annual dues)

Name: _____

Title: _____

Agency Name: _____

Agency Website: _____

Address: _____

State: _____ Zip: _____ e-mail: _____

Office Ph: _____ Cell Ph: _____ Fax: _____

Why would you like to join ADDAM as an associate member?

Please make checks payable to ADDAM

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c/o Dave Michelson
Director Of Admissions
Hillcrest Educational Centers
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