



New Membership Application

YES! I am serious about my career and wish to become a member of DMAW.

As a new member, I will receive: 12 issues of the monthly newsletter *Marketing AdVents*, a complimentary copy of the annual member directory, *DMAW Sourcebook*, website login and access to members-only portions of the DMAW website and discounts on all events hosted or co-hosted by DMAW during my active membership period.

STEP #1 - INITIAL MEMBER PROFILE

Name _____ Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Occasionally DMAW makes the membership list available for mailing by reputable companies. If you do not wish to have your name released for this purpose, please check here.

STEP #2 – PAYMENT INFORMATION Annual dues for Individual Membership: \$199 (Federal ID #23-7357093)

Check enclosed for \$ _____ payable to DMAW Charge my: Visa MasterCard AMEX

SIGNATURE is required Cardholder Name (as it appears on the card)

Card Number _____ / _____
Expiration Date

Please indicate: My dues are paid by: Self Employer

STEP #3 – Company Type

Use the categories shown below to choose your **Company Type**. Select as many types as necessary.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Agency-2-15 | <input type="checkbox"/> Agency-16-50 | <input type="checkbox"/> Agency-51+ | <input type="checkbox"/> Association |
| <input type="checkbox"/> Caging/Lockbox Firm | <input type="checkbox"/> Cataloger | <input type="checkbox"/> Data Management Firm | <input type="checkbox"/> Digital Consultant/Agency |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Fulfillment Company | <input type="checkbox"/> Lettershop/Mailshop | <input type="checkbox"/> List Mgmt/Brokerage |
| <input type="checkbox"/> Nonprofit: Political | <input type="checkbox"/> Nonprofit: Other | <input type="checkbox"/> Premium Supplier | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Sole Proprietorship-Consultant | <input type="checkbox"/> Telemarketing Firm | | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

STEP #4 – Firm Focus

Please select all **areas of interest**:
 Nonprofit Consumer Government For Profit/Commercial

STEP #5 – Job Function

Please select the category listed below which best describes **your Job Function**.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Account Services | <input type="checkbox"/> Business Strategist/Development | <input type="checkbox"/> Copywriter/Editor | <input type="checkbox"/> Creative Design |
| <input type="checkbox"/> Customer Service Rep | <input type="checkbox"/> Data Analysis | <input type="checkbox"/> DRTV/Radio | <input type="checkbox"/> Email Marketing |
| <input type="checkbox"/> Finance/Banking/Accounting | <input type="checkbox"/> General Management | <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> List Manager/Broker | <input type="checkbox"/> Marketing Communications | <input type="checkbox"/> Marketing Officer | <input type="checkbox"/> Mobile Marketing |
| <input type="checkbox"/> Online Media | <input type="checkbox"/> Product/Brand Mgmt | <input type="checkbox"/> Production-Print | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Research | <input type="checkbox"/> Sales | <input type="checkbox"/> SEO/SEM | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Telemarketing Services | <input type="checkbox"/> Web Development | | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

STEP #6 – Send this completed application with payment to:
DIRECT MARKETING ASSOCIATION OF WASHINGTON
11709 Bowman Green Drive, Reston VA 20190-3501
Phone: 703-689-DMAW (3629) • FAX: 703-481-3629