

MEMBERSHIP APPLICATION

Nonprofit Organization

COMPANY INFORMATION

Organization Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Website:

Type of nonprofit organization: 501(c)

Your organization's primary focus:

MAIN CONTACT

VOTING MEMBER

The main contact responsible for ensuring that your company is properly represented in DMA.

Name: Mr. Ms. Other

Title:

Mail Stop/Suite #/Box:

Direct Line/Extension:

Email:

DUES SCHEDULE

Membership dues are based on your direct marketing expenditures (i.e. creative, production, paper, postage, printing, list rental fees, database processing costs, direct marketing salaries, call center expenses, all expenses associated with website operations and email promotions, etc.)

Please check membership dues appropriate for your organization:

Annual DM Expenditures	Annual Dues	Annual DM Expenditures	Annual Dues
First Year Membership	<input type="checkbox"/> \$650	\$10,000,001 – \$16,000,000	<input type="checkbox"/> \$27,750
Less than \$400,000	<input type="checkbox"/> \$1,500	\$16,000,001 – \$30,000,000	<input type="checkbox"/> \$41,000
\$400,001 – \$800,000	<input type="checkbox"/> \$3,100	\$30,000,001 – \$50,000,000	<input type="checkbox"/> \$51,000
\$800,001 – \$1,200,000	<input type="checkbox"/> \$4,300	\$50,000,001 – \$100,000,000	<input type="checkbox"/> \$59,000
\$1,200,001 – \$3,000,000	<input type="checkbox"/> \$6,500	\$100,000,001 – \$150,000,000	<input type="checkbox"/> \$68,000
\$3,000,001 – \$5,000,000	<input type="checkbox"/> \$11,000	Over \$150,000,000	<input type="checkbox"/> \$75,000
\$5,000,001 – \$10,000,000	<input type="checkbox"/> \$16,500		

Direct Marketing Association Nonprofit Federation
1615 L Street, Suite 1100 • Washington, DC 20036
New York Membership Services • Tel: 212.768.7277, ext.1155
1120 Avenue of the Americas • New York, NY 10036
Fax: 212.391.1532 • membership@the-dma.org • www.the-dma.org

MEMBERSHIP APPLICATION

Nonprofit Organization

DMA COMMITMENT TO CONSUMER CHOICE

All members are expected to adhere to DMA's Guidelines for Ethical Business Practice and to DMA's Commitment to Consumer Choice (CCC) regarding mailings. All membership applications and renewals are subject to review and approval by the DMA Board of Directors.

In our relationship with donors, under the CCC, we, as DMA members, agree to:

1. Provide Notice
 - To provide existing and prospective donors with notice of an option to modify or eliminate direct mail solicitations, and
 - To provide donors with notice of list rental, sale, or exchange, and of their ability to opt out of information exchanges
2. Honor Opt-Out Requests
 - To honor donor and prospect requests to be on an in-house suppress file to stop receiving solicitations from our organization, and
 - To honor donor opt-out requests not to have their contact information transferred to others for prospect purposes
3. Disclose Source of Mailing
 - To disclose the source from which we obtained personally identifiable data about a donor or prospect, upon request by that donor or prospect
4. Use Mail Preference Service
 - To use DMA's Mail Preference Service suppression file on a monthly basis

As part of understanding and implementing the requirements of the Commitment to Consumer Choice, we will complete DMA's online training course and test within three months. Questions about the online training course and test should be directed to ccc@the-dma.org.

COMMITMENT TO CONSUMER CHOICE (CCC) CONTACT

Your representative who ensures that your organization follows the new CCC practices to protect donors' privacy and provides donors with choices in receipt of communications, and makes certain that donor issues are addressed.

If other than the Voting Member, please provide the following information:

Name: Mr. Ms. Other

Title:

Mail Stop/Suite #/Box:

Direct Line/Extension:

Email:

I certify that I have read all parts of this application and agree to follow DMA's Commitment to Consumer Choice.

CCC contact signature/initials:

Date:

PAYMENT INFORMATION

Please indicate payment method:

DMA membership is for a one-year period and must be renewed annually.

Check Enclosed AmEx Visa MasterCard Discover Invoice My Organization

Amount Due: \$

Card No:

Expiration Date:

Notes:

I certify that I have read and completed all parts of this application and agree to pay the appropriate membership dues.

Voting member signature/initials:

Date:

Please do not email this form if you are providing credit card information.

1120 Avenue of the Americas • New York, NY 10036
Fax: 212.391.1532 • membership@the-dma.org • www.the-dma.org