

Membership Application

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____ Suite: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Company Description/Why You Want to Join DBA: _____

<p>Membership Categories:</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Affiliate</p> <p><input type="checkbox"/> Associate</p>	<p>Membership Cost:</p> <p>Sign-Up fee (one-time): \$275.00</p> <p>*Annual Dues of \$595.00 are billed each October for the following calendar year. Dues are prorated at time of application as follows:</p> <p>January 1 – March 1: \$595.00 April 1 – June 30: \$446.25 July 1 – September 30: \$297.50 October 1 – December 31: \$148.75</p>
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Billing Information: Visa MC AMEX Disc Check Enclosed, Check #: _____ Bill Me

Credit Card Number: _____

CVC Code: _____ Exp. Date: _____ Amount Due: \$ _____

Signature: _____ Print Name: _____

Billing Address if Different from Above: _____

Industry References: (Three references are **required**. They should be companies with whom you have had debt collection or debt purchase/sale transactions. Personal, banking or office supplier references are not acceptable.)

Company Name	Contact	Telephone	E-Mail Address
_____	_____	_____	_____
_____	_____	_____	_____

(Membership approval will be based on the results of our interviews with your industry references.)

List all Corporate Officers or Owners/Shareholders indicating percentage of ownership of each:

Name	Title	Percentage of Ownership
_____	_____	_____
_____	_____	_____

RETURN THE COMPLETED APPLICATION TO:
DBA International, 8400 Westpark Drive, Second Floor, McLean, VA 22102.
Phone: (703) 245-8044 | Fax: (703) 610-0232 | E-Mail: jskelly@dbainternational.org