**NDRIO Associate Membership Application Form**

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| Name of Organization: |
| Primary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |
| Secondary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |

**Associate Membership Fee Level**

All Associate Members pay an annual membership fee ($500 for the first membership year). Associate membership must be approved by the NDRIO Board of Directors.

**Deadlines**

Please email your completed application form, signed by an authorized signatory, **by Friday, January 24, 2020**, to NDRIO-NOIRN@engagedri.ca, with the subject line: **[Your Organization’s Name] Member Application**.

It is important that we receive this information by this deadline, as we need to determine membership for the upcoming February 2020 general Members’ meeting.

Your organization will be invoiced prior to April 1, 2020, with payment due by May 29, 2020. Please note that all confirmed and paid Members will be entitled to participate in the Fall 2020 annual general meeting.

If you have questions, please send them to NDRIO-NOIRN@engagedri.ca.

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Signature Date

Title of authorized signatory