



Membership Application

The American Celiac Disease Alliance, Inc. is a 501 (c) 3 non-profit, organization dedicated to serving persons with Celiac Disease through programs of awareness, education, advocacy and research.

In applying to become a member of The American Celiac Disease Alliance, Inc. (ACDA), you, or your organization, agree to support the mission of the ACDA. There is a \$50 non-refundable application fee. Annual dues are determined by the category of membership. For 2011, the dues for Institutional Members are \$2,500 and for Associate Members, \$500. Industry dues are tiered based on annual sales:

- Under \$3 million - \$1,000
- \$3 - \$30 million - \$2,500
- Over \$30 million - \$5,000

Application for:

Organization/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Background Information (attach additional pages if needed):

1. Please provide the mission statement of your organization:

2. Why is your organization interested in joining the American Celiac Disease Alliance?

3. What expertise or support will your organization bring to the ACDA?

4. Provide the name of the primary representative to the ACDA (each entity has one voting representative who will represent the interests of entire organization, including chapters or subsidiaries):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

5. Indicate the category of membership for your organization or company.

Associate Membership (non-profit, 501(c) (3))

Institutional Membership

Industry Membership (for-profit)

6. If applying as an Industry Member, please provide the date of incorporation and the length of time the company has been serving the celiac community.

I, the undersigned, and with authority to represent the organization named above, agree to support the mission of the ACDA.

Signature: _____ Date: _____

Name (print): _____

Please make checks payable to the "American Celiac Disease Alliance." Applications submitted without the \$50.00 non-refundable application fee will not be considered.

Mail application and check to: American Celiac Disease Alliance
Attn: Membership
2504 Duxbury Place
Alexandria, VA 22308