



Please complete this form and send with your payment to the address above.

**Membership Categories**

- Professional: .....\$35.00
- Corporate/Organization/Agency: .....\$250.00  
 (covers 10 named members):
- Student with current ID: .....\$20.00

**Contact Information**

Salutation (circle one):      Mr.    Ms.    Mrs.    Dr.    Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Room, Suite, Floor: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Method of Payment**

Check (payable to DAMA-CV): ..... \$ \_\_\_\_\_

Purchase Order: ..... # \_\_\_\_\_

For additional information contact [damacv@datablueprint.com](mailto:damacv@datablueprint.com)

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