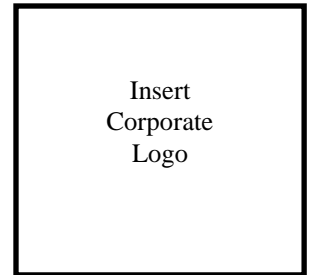




**SOCIETY FOR DISABILITY PREVENTION AND MANAGEMENT**  
 223 W Jackson Blvd Ste 1104  
 Chicago, Illinois 60606-6900  
 Phone: (312) 663-1171 • (800) 456-6095 • Fax: (312) 663-1175  
 Email: [aadep@aadep.org](mailto:aadep@aadep.org)  
 Website: [www.aadep.org](http://www.aadep.org)



**APPLICATION FOR CORPORATE MEMBERSHIP**

Corporation/Business Entity: \_\_\_\_\_

Type of Organization:  
 Corporation  Partnership  Sole Proprietorship

Inception Date: \_\_\_\_\_  
 Referral: \_\_\_\_\_

<b>CONTACT NAME:</b> Please leave one blank space between first, middle and last names.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Last Name</td> <td style="font-size: small;">First Name</td> <td style="font-size: small;">Middle Initial</td> </tr> <tr> <td colspan="2">Degree: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></td> <td>Title: _____</td> </tr> </table>				Last Name	First Name	Middle Initial	Degree: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>		Title: _____							
Last Name	First Name	Middle Initial															
Degree: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>		Title: _____															
<b>ADDRESS:</b> The preferred address will be used by this office for all mailings until you advise us of a change.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%; height: 20px;"></td> </tr> <tr> <td style="width:100%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Business Address</td> </tr> <tr> <td style="width:100%; height: 20px;"></td> </tr> <tr> <td style="width:100%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Home Address</td> </tr> </table>			Business Address			Home Address										
Business Address																	
Home Address																	
<b>Preferred Mailing Address:</b>	<input type="checkbox"/> Business <input type="checkbox"/> Home																
<b>TELEPHONE/FAX / E-MAIL NUMBERS:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"></td> <td style="width:35%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> <td style="width:35%; height: 20px;"></td> </tr> <tr> <td></td> <td style="font-size: small;">Office</td> <td></td> <td style="font-size: small;">Fax</td> </tr> <tr> <td style="width:15%; height: 20px;"></td> <td style="width:35%; height: 20px;"></td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="font-size: small;">Home</td> <td colspan="2"></td> </tr> </table>						Office		Fax						Home		
	Office		Fax														
	Home																
<b>MISSION STATEMENT:</b>	PLEASE PROVIDE A COPY OF CURRENT MISSION STATEMENT																
<b>ACTIVITY IN DISABILITY EVALUATION:</b>	How long has the evaluation of disability or impairment been a part of your professional activity? _____ Years  What is the specific disability product/service? _____																

