



71 Valley Street, Suite 301
South Orange, NJ 07079-2825
t +1 973 763 7337 f +1 973 763 7488

OD NETWORK MEMBERSHIP APPLICATION

Please print clearly or type. Supply or correct information as you want it to appear in the member roster.

First _____ MI _____ Last _____ Designation _____
 Mr. Ms. Dr. *e.g. PhD, MSOD* Work phone _____

Job Title _____ Alt. phone home cell _____

Organization _____ Work fax _____

Address _____ Email _____

City _____

State/Prov. _____ Zip/postal _____

Country _____ Website _____

New member **Renewing member** **Reinstating lapsed membership**

I am joining the OD Network as part of the corporate membership of:

Company/Organization _____ Division _____

Corporate member dues: \$139 **Membership total** _____

Corporate membership is available to groups of 10 or more employees of the same organization.
 Please submit all member application forms for your corporate group at the same time. Contact Nick Corne, ncorne@odnetwork.org, if you have questions.

Make a donation
 Your donation supports educational and scholarship opportunities for OD students and newer practitioners.

\$500 \$250 \$125 \$100 \$75 \$50 \$25 Other **Donation total** _____

Choose your payment method **GRAND total** _____

All payments must be made in US\$. OD Network is a nonprofit corporation; federal tax ID: 22-2171250.

Check drawn on corporate account payable to the OD Network. Include number of members from your organization in the memo line.
 Sorry, we do not accept personal checks for corporate memberships.

Purchase order # _____

Visa MasterCard American Express Account number _____ Expiration date _____

Name as it appears on card _____

Signature _____

Tell us about yourself
 Please take a few minutes to complete this optional questionnaire. Gathering this information helps us better serve our valued members.

Year you began OD practice _____ Year you joined a regional OD network _____ Date of birth (year) _____ Gender Female Male

Primary racial or ethnic identification (Choose only one.)

American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian White
 Black or African American Other (specify) _____
 Hispanic/Latino/a Prefer not to answer

Primary affiliation (Choose only one.)

Internal consultant External consultant
 Private/corporate Consulting firm
 Nonprofit University/educational institution
 Government Faculty
 Administration

Organization Revenue

Less than \$250K \$10 - 49.9M
 \$251-499K \$50 - 99.9M
 \$500 - \$999K \$100 - 499.9M
 \$1M -4.9M \$500 - 999.9M
 \$5 -9.9M \$1B+

Organization Size

2-10 101-500 5001-10000
 11-50 501-2500 10001 +
 51-100 2501-5000