



# Associate Member Application

Date: \_\_\_\_\_

Company Name:	
Address:	
Phone:	Web Address:
Facebook Address:	Twitter Address:

### PRINCIPAL CONTACT PERSON

Name:	Title:
Phone:	Email:

### OTHER CONTACT(S) FOR DCHA ONLINE DIRECTORY

Name:	Title:
Phone:	Email:

Name:	Title:
Phone:	Email:

### BRIEF DESCRIPTION OF COMPANY (send logo):

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- Bronze \$1,500    
  Silver \$2,500    
  Gold \$5,000    
  Platinum \$7,500  
 Diamond \$10,000    
  Solo \$500    
  Student \$100

### SIGNATURE:

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**RETURN WITH PAYMENT:** DCHA, 1152 15th St. NW, Suite 900, Washington, D.C., 20005. Application is complete upon payment; agreement shall auto renew unless either party provides 60 days written notice to terminate membership prior to the end of the organization's membership year.