



2010 DEMA MEMBERSHIP RENEWAL FORM
 Valid for 2010 calendar year: January 1, 2010 through December 31, 2010.
 You can also renew online at www.dema.org or by phone at (858) 616-6408!

CONTACT INFORMATION: THE FOLLOWING INFORMATION WILL BE USED BY DEMA TO CONTACT YOU AS WELL AS POSTED IN DEMA'S ONLINE DIRECTORY. IF YOU DO NOT WISH FOR DATA TO BE SHARED PLEASE CHECK THE BOX NEXT TO THE FIELD LABEL.

<input type="checkbox"/> Company Name (DBA):	<u>For DEMA Office Use Only</u>
<input type="checkbox"/> Main Contact & Title:	
<input type="checkbox"/> Voting Delegate & Title: <small>A-Category Members Only:</small>	
<input type="checkbox"/> DEMA Member #:	
<input type="checkbox"/> Address: _____	
<input type="checkbox"/> City:	
<input type="checkbox"/> Zip/Postal Code:	<input type="checkbox"/> State:
<input type="checkbox"/> Phone/Toll Free #: <small>Include Country Code if outside US:</small>	<input type="checkbox"/> Country:
<input type="checkbox"/> Email:	<input type="checkbox"/> Fax: <small>Include Country Code if outside US:</small>
	<input type="checkbox"/> Website:

EMAIL: IF YOU WISH TO RECEIVE EMAIL, INDUSTRY NEWS PROVIDED BY DEMA, PLEASE INDICATE RECIPIENT EMAILS BELOW.

<input type="checkbox"/> EMAIL Address #1:	<input type="checkbox"/> EMAIL Address #2:
<input type="checkbox"/> EMAIL Address #3:	<input type="checkbox"/> EMAIL Address #4:
<input type="checkbox"/> EMAIL Address #5:	<input type="checkbox"/> EMAIL Address #6:

MAILING ADDRESS: IF YOUR MAIL ARRIVES AT A DIFFERENT ADDRESS THAN LISTED ABOVE ENTER IT BELOW.

Address: _____		Phone: <small>Include Country Code if outside US:</small> _____	
City: _____	State: _____	Zip/Postal Code: _____	Country: _____

COMPANY DETAILS: THE FOLLOWING INFORMATION WILL NOT BE SHARED AND IS FOR DEMA'S REFERENCE ONLY.

Registered Company Name (if different than above): _____

Parent Company (if applicable): _____

Form of Business (LLC, Corp., Etc.): For-Profit Non-Profit (Please include your Government Issued Non-Profit Certificate.)

Attention A4 Members: In order to be listed on DEMA's *BeADiver.com* Professional Dive Center Search you MUST send us a copy of your *current government issued business license* recognizing your business as a retail entity. Once recorded in our database this copy will be shredded. We will NOT keep a physical copy of your license on file. *Each year your license is on file with DEMA you will NOT be required to send it in for your DEMA Show buyer credentials verification.

Yes, a copy of my current government issued business license is attached with this form.

CATEGORY "A" MEMBERS, PLEASE PAY DUES BASED ON GROSS INCOME LEVEL, AS SHOWN BELOW.

Gross Income Level	Annual Dues	Number of Votes	Payment can be made by credit card, check or wire transfer.** Please make all checks payable to DEMA. Please enter amount enclosed/to be charged/to be wired below:
Up to \$500,000	\$150	1	
\$500,000 - \$2,000,000	\$500	5	DEMA Membership Dues Amount:
Over \$2,000,000	\$2500	25	Voluntary Disaster Assistance Fund Contribution:
Associate (Category "B") Members	\$150	0	Total Amount:

**** Wire Information:** Bank of America, Anaheim, CA, 92805, Account #02099-16171, ABA #0260-0959-3. Please include your **Company Name** and **DEMA Member #** in the Remarks section of the wire form. Amount received **must include wire transfer fees in addition** to your payment in order for your renewal to be processed.

IF PAYING BY CREDIT CARD PLEASE FILL OUT THE FOLLOWING (VISA, MASTERCARD, AMERICAN EXPRESS & DISCOVER ACCEPTED):

Credit Card #:	Expiration Date:
Card Holder's Name:	Signature:

ATTENTION CREDIT CARD USERS: SIMPLIFY YOUR ANNUAL RENEWAL PROCESS!

<input type="checkbox"/> *Credit Card Users: Check here if you would like DEMA to automatically renew your membership on an annual basis using the payment information listed above. Payment will be charged between 12/1 and 12/15 each year.	Authorized Signature
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