

Individual-Director Membership Application

Note: Please download this PDF to your hard drive before entering data or the information may be lost.

SECTION 1 Qualify for Membership *(*indicates required information)*

NACD membership is exclusively for active directors. If you are not currently serving as a director on the board of a legal entity, your application for membership will not be processed. It is critical that you provide accurate and complete information on this form so that you can receive customized benefits.

Currently serving as an active director on the board of a legal entity:* Yes No

SECTION 2 Member Information *(*indicates required information)*

Prefix:* Mr. Mrs. Ms. Miss Dr. Honorable

First Name: _____ MI: _____ Last Name:* _____ Suffix: _____

Preferred Name:* _____

Preferred Address *(NACD Directorship magazine will be sent here):** _____

City:* _____ State/Province:* _____ Zip/Postal Code:* _____ Country: _____

Phone:* _____ Fax:* _____

Preferred E-Mail *(this will be your NACD User Name):** _____

Work Company Name *(this is your employer, if applicable):* _____

Work Company Title: _____

Reason for Joining NACD: _____

Please Send Me Information About: In-Boardroom and In-Person Educational Opportunities Full Board Membership
Thought Leadership The NACD Fellowship® Director Credential Events

NACD believes that protecting your privacy and safeguarding your personal information is of the highest priority. This information will be kept strictly confidential and will not be sold, reused, rented, loaned, or otherwise disclosed. NACD may send you communications regarding the benefits of your membership.

SECTION 3 Board Information *(*indicates required information)*

Board 1

Company Name:* _____

Company Address:* _____

Company Type:* Public Private Nonprofit Cooperative If Private, check one: Family Non-Family

Exchange:* Nasdaq NYSE None Other: _____

Ticker Symbol: _____ Revenue:* _____ Website: _____

Market Capitalization:* Micro-Cap to Small-Cap (<\$2B) Mid-Cap (from \$2B to \$10B) Large-Cap to Mega-Cap (>\$10B)

Roles You Serve on the Board *(check all that apply):**

Chairman of the Board Lead Director Director Chief Executive Officer Audit Committee Chair Compensation Committee Chair
Nominating/Governance Committee Chair Risk Committee Chair Audit Committee Member Compensation Committee Member
Nominating/Governance Committee Member Risk Committee Member Other: _____

Industry *(select from the choices below):**

Advertising and Marketing	Government	Nonprofit
Aerospace and Defense	Healthcare	Outsourcing
Automotive	Hospitality	Pharmaceuticals and Biotechnology
Banking	Household and Personal Products	Professional Services
Building Materials, Glass	Industrial and Farm Equipment	Publishing and Printing
Chemicals	Information Technology	Real Estate
Computer Software and Services	Insurance	Retail
Computers, Equipment, and Peripherals	Internet Services and Retailing	Semiconductors/Electronics Components
Consumer Products	Legal	Sporting Goods
Education	Manufacturing	Telecom and Networking
Electronics, Electrical Equipment	Medical Products and Equipment	Transportation and Logistics
Energy and Utilities	Media and Entertainment	Waste Management
Engineering	Metals	Wholesale
Financial Services	Military	Other: _____
Food and Beverage	Natural Resources	

Board Information (*indicates required information)

Board 2

(To list any additional boards, attach a separate sheet of paper using the template below as your model.)

Company Name:* _____

Company Address:* _____

Company Type:* Public Private Nonprofit Cooperative If Private, check one: Family Non-Family

Exchange:* Nasdaq NYSE None Other: _____

Ticker Symbol: _____ Revenue:* _____ Website: _____

Roles You Serve on the Board (check all that apply):*

Chairman of the Board Lead Director Director Chief Executive Officer Audit Committee Chair Compensation Committee Chair
Nominating/Governance Committee Chair Risk Committee Chair Audit Committee Member Compensation Committee Member
Nominating/Governance Committee Member Risk Committee Member Other: _____

Industry:* _____

(Please choose from the options listed in the Board 1 section.)

NACD Chapters

NACD has 22 chapters across the United States. If you tend to travel consistently to one or more locations, please let us know which areas by selecting the chapters that may correspond (select from the choices below):

Arizona	Colorado	New England	Northwest (Portland, Seattle)	Three Rivers (Cincinnati, Cleveland, Pittsburgh)
Atlanta	Connecticut	New Jersey	Philadelphia	
Carolinas	Florida	New York	Research Triangle (NC)	Utah
Capital Area (Washington, DC)	Heartland (Kansas City, MO)	North Texas	Southern California	
Chicago	Minnesota	Northern California	Texas TriCities (Austin, Houston, San Antonio)	

Additionally, if you have a seasonal address, please list it here along with a date of usual arrival and departure so that your NACD Directorship magazine continues to reach you at your preferred locations.

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Arrival Date: _____ Departure Date: _____

Payment Information (*indicates required information)

Individual-Director Membership Dues (Check One): 1-Year \$875 2-Year \$1,700 (save \$50) 3-Year \$2,525 (save \$100)

Dues cover NACD membership for 12 months (unless enrolling in multiyear membership where dues cover 24 or 36 months, locked in at the current rate). Your renewal date will be one year from your join date, at the end of that calendar month.

Payment must be received with this application to activate your membership.

Payment Method:* Check Visa MC Amex

If paying by credit card, all of the following information is required.

Credit Card Number:* _____

Cardholder Name:* _____

Expiration Date (mm/yyyy):* _____ CCV Code:* _____

Signature and Date (mm/dd/yyyy):* _____

Updated as of August 2018

