



# 2011-2012 Membership Application

Supplier / Agency (US/Canada)

As a DMA Cleveland Area Member you receive:

- Networking opportunities at DMA events and workshops
- Accessibility and in-person training from a variety of marketing experts
- A variety of marketing resources and reports to help you market more effectively
- And more!

### Section I. Payment Method

Please indicate payment method: *DMA membership is for a one-year period.* Please make checks payable to **DMA Cleveland** and send payment with application form to our P.O. Box.

c/o VP of Membership Phyllis C. Jadosh - **DMA Cleveland P.O.Box 395 Lodi, OH 44254**

\_\_\_ Check Enclosed or Credit Card \_\_\_ Visa \_\_\_ MasterCard Expiration Date: \_\_\_\_\_

\_\_\_ AMEX \_\_\_ Discover Expiration Date: \_\_\_\_\_

Card Number \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Name on card \_\_\_\_\_

Individual Membership Fee Enclosed \$50.

Group Membership Fee Enclosed (\$50. x # \_\_\_\_\_ of individuals in group)

### Section II. Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone: Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

### Section III. Key Contact

The main contact responsible for ensuring that your company is properly represented in DMA.

Name: \_\_\_\_\_  Mr.  Ms.  Other

Title: \_\_\_\_\_

Mail Stop/Suite #/Box: \_\_\_\_\_

Direct Line/Extension: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that I have read and completed all parts of this application and as the main representative for our company agree to pay the appropriate membership dues for all individuals listed on this application.**

\_\_\_\_\_  
Member signature/initials:

\_\_\_\_\_  
Date



**DMA Census for New Members- Return to DMA Cleveland PO Box 395, Lodi, OH 44254**  
**To help us serve you better, please answer the following questions.**

**1. Which of the following describes why you decided to join this year? Check any that apply.**

- I advocated for membership after having just come from a member company
- Proposed government policies could affect our business—please specify:
- We have come to rely on DMA conferences, reports, and services, and would like to receive member pricing
- We only learned in the past year about DMA and what it does
- We have been impressed with recent DMA events and services
- We now have the revenue to justify membership
- Someone I trust recommended that we join
- A special promotion made it worth our while
- New management advocated for membership

**2. How important do you expect each of the following DMA services/experiences will be in your organization's Decision whether to renew next year? Rate each on a scale of 1 – 7, where 1 is unimportant, 7 is very important.**

	Unimportant			Important			
	1	2	3	4	5	6	7
Political advocacy on issues affecting direct marketers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational or training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing the public image of direct marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing and monitoring ethical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking with clients and prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research on benchmarks, best practices, or emerging trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking with vendors & potential partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Which of the following statements describe what you personally want from your organization's membership in DMA this year? Check all that apply. "I want to..."**

- Take advantage of discounts on DMA research and conferences
- Support the direct marketing community
- Have full access to the range of DMA services
- Find new clients and prospects
- Identify vendors and partners
- Build relationships in the direct marketing community
- Protect my direct marketing interests at the state and federal levels
- Improve my skills as a direct marketer
- Improve the quality of direct marketing at my company
- Enhance my career within my company
- Increase my visibility as an expert in the direct marketing community
- Find qualified candidates for job openings

**4. What percent of your organization 's revenue is generated by direct marketing?**

- < 50%  < 90%  90-100% Your title \_\_\_\_\_

**5. How do you prefer to receive information on DMA and its activities?**

- Attendance at DMA events or workshops
- Visiting the DMA website
- Personal interaction with DMA staff-board members
- Receiving DMA marketing materials or emails advising me of upcoming events or workshops
- Word of mouth from colleagues or peers

*Thank you for taking the time to complete this census and provide us with information to serve you better. DMA Cleveland strives to increase membership satisfaction and will use your responses to improve what we deliver to our members and how we deliver it. The information you provided will be analyzed in aggregate and will remain completely confidential.*