

NCDDD

NATIONAL COUNCIL OF DISABILITY DETERMINATION DIRECTORS

www.ncddd.org

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MEMBERSHIP TYPE:

- ☐ Director (\$50.00) ☐ Associate (\$15.00)
☐ New Membership ☐ Renewal

PAYMENT:

Method of payment: ☐ PayPal ☐ Personal Check* ☐ Agency Check*

**Submit checks payable to "National Council of Disability Determination Directors (NCDDD)"*

Name on Agency Check: _____

Check Number: _____ **Date of Check:** _____

Mail completed form with check to:

Sally Fitzer, Director
WI Disability Determination Services
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Madison WI 53703-3044
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DEDICATED TO IMPROVING THE SOCIAL SECURITY DISABILITY PROGRAM