

N.A.D.A. Registered Trainer RENEWAL

RT-rnwMultiYr4-7-10.xls

Please Note: RT Status Expire Date shown on label at right.

Check address info on label; correct below if necessary.

Please TYPE or PRINT Clearly in Block Letters:

Preferred Mailing Address: **Home** **Work** (circle one)

Organization (if appl) and mailing address	City	State/Prov.	Zip+4 or Postal Code
PHONE:	FAX:	Email	

Other Address **Home** **Work** (circle one)

Organization (if appl) and mailing address	City	State/Prov.	Zip+4 or Postal Code
PHONE:	FAX:	Email	

Please renew my NADA RT status & membership for (check one)

 1 yr \$130

 2 yrs \$208

 3 yrs \$292

<input style="width: 100%; height: 100%;" type="checkbox"/> My check is enclosed (USA funds only)	OR	Indicate type of credit/debit card (Visa, Mastercard or Discover) and card #	Exp date:
---	----	--	-----------

List Continuing Education Hours since last renewal (average of 7.5 CE hours per year required)

Topic and Site of CE Event	Date(s)	CE #		Topic and Site of CE Event	Date(s)	CE #

Any issues or concerns related to Registered Trainer matters? If you need more space attach a letter.



As a NADA RT, I know I must have liability insurance in place when I do a NADA Training.	No	Yes
Have you been subject to any disciplinary action since last renewal?	No	Yes

(If "Yes" to disciplinary action, please attach letter of explanation.)

My Signature:	Date:
---------------	-------

Return application and dues to: **NADA, PO Box 1655, Columbia, MO 65205-1655**

Toll Free Phone: (888) 765-NADA Fax: (573) 777-9956 Email: NADAOffice@Acudetox.com