NCDDD

NATIONAL COUNCIL OF DISABILITY DETERMINATION DIRECTORS www.ncddd.org

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**FY2023 NCDDD MEMBERSHIP FORM**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Agency:** |  |
| **Mailing Address:** |  |
| **City/State/Zip:** |  |
| **Email Address:** |  |

**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:

Leon Scales

8004 Franklin Farms Drive

Henrico, VA 23219

Leon.Scales@ssa.gov

**DEDICATED TO IMPROVING THE SOCIAL SECURITY DISABILITY PROGRAM**