2027
INDUSTRY PARTNER RENEWAL FORM

Please check the level of membership renewal requested.

- o $1,000 Platinum Level o $500 Gold Level o $250 Silver Level

DUE DATE: DECEMBER 15, 2026 *

Please make checks payable to DSID and mail with completed form to:

DSID Membership Coordinator
P.O. Box 750981
Dayton, Ohio 45475

List the information below as you would like it to appear:

Name:_____
Firm:_____
Address:_____
City/State/Zip:_____
Phone:_____
Cell:_____(For Membership List only)
E-mail Address:_____
Website:_____

*To ensure your name is included on the 2027 Membership List and Website (with your link uninterrupted), please return this Membership Renewal Form and Annual Dues check on or before **December 15, 2026.**

Thank you!