

2026
INDUSTRY PARTNER RENEWAL FORM

Please check the level of membership renewal requested.

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

DUE DATE: DECEMBER 1, 2025 *

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 **2026** Membership List and Website (with your link uninterrupted), please return this Membership Renewal Form and Annual Dues check on or before **December 1, 2025.**

Thank you!