

Destination ImagiNation® Alumni Association



Name: _____

Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Affiliate: _____

Number of Years in DI: _____

I am interested in becoming:

- a member of the DIAA
- an Appraiser
- a Team Manager
- a Challenge Developer (must be 21)
- a DI volunteer

I am interested in participating in:

- DI Extreme
- University Level DI
- ImagiNation-4-Life

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