



AZ Chapter — ACI

Membership Application

Corporate Membership

Company Full Name: _____

Address (Where Correspondence will be): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web Address: _____

Principal Occupation: _____

Benefits extended to Corporate Members of the Chapter include the following:

- Includes individual membership for 5 company employees (additional employees can be added for \$10 each)
- The individual members receive member discounts at chapter lunches and seminars
- All company employees receive member discount at Chapter certification classes
- Company receives web site link on Chapter's internet site

Please complete Page two with Employee Member Names and return both Pages with Payment.

Fax with Payment to: 602.926.8163 or
Mail with Check to: AZ Chapter—ACI—318 East Thomas Road, Phoenix, AZ 85012

Corporate Membership Dues: \$300/Year

Plus add additional employess for only \$10/each

Total Due: \$ _____

Bill Credit Card (VISA / MC) # _____ **Exp.** _____

Signature: _____

VCode#: _____ (last 3 digits on back of card)

Zip Code: _____

