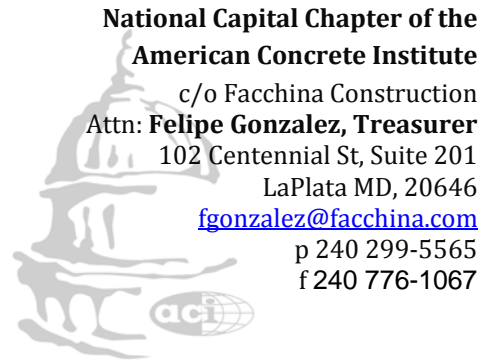


MEMBERSHIP FORM

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Point of Contact: _____



Membership	Quantity	Unit Price	Total
Individual Membership <u>Benefits Include:</u> Name, Company Name, and E-mail Address listed on www.nccaci.org Members' page.		\$35	
Contributing Membership A person, firm, corporation, society, agency of the government, or other organization electing to give greater support to the Chapter through payment of higher dues. (Additional \$65 is put towards the Student Awards account). <u>Benefits Include:</u> Company name listed on www.nccaci.org Members' page. Verbal recognition at Student Awards Dinner as a Contributor.		\$100	
Corporate Membership (Includes 8 Members) <u>Benefits Include:</u> <ul style="list-style-type: none"> Company name listed on www.nccaci.org Members' page Company LOGO included in Corporate Members section Any employee of corporate member company receives the member discount for events 		\$250	
Student Membership An individual less than 28 years of age and a registered student at an educational institution.		\$5	

****Send check and completed form to address above.****

Membership Total: _____

Individual/Contributing/Student or Corporate Member 1

Name: _____ Corporate Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Work Phone: _____ Fax: _____ ACI Committees: _____
 E-mail: _____

<p>Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.</p>
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MEMBERSHIP FORM

Member 2

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

Member 3

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

Member 4

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

Member 5

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

MEMBERSHIP FORM

Member 6

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

Member 7

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.

Member 8

Name: _____ Corporate Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____ ACI Committees: _____

E-mail: _____

Do you want to receive chapter event notifications via USPS: Yes No, I/we prefer e-mail.