☐ New Member
☐ Renewal

AIACCC
Professional Affiliate Membership Application

Date: _____

Information *(please print clearly)*

☐ Mr. ☐ Mrs. ☐Ms. First Name M.I. Last Name

Job Title

Company/Firm Name Company Acronym

Office Address (include suite number) City State ZIP

Mailing Address (if different from office address above) City State ZIP

Main Company Phone Company Web Site

Direct Office Phone Extension Fax Office E-mail

Description of services provided:

Dues Enrollment
The AIACCC reserves the right to change dues annually. Membership dues are calculated on a calendar year, January through December. **New member** dues are prorated quarterly.

Central Coast Chapter Professional Affiliate Membership Dues:
If joined within January 1 – March 31(renewals & new).....$300.00
If joined within April 1 – June 30 (new member).....$225.00
If joined within July 1 – September 30 (new member).....$150.00
If joined within October 1 – December 31(new member).....$300.00 *(15 months for the price of 12.)*

Method of Payment *(Please submit full payment of your membership dues.)*

☐ Check enclosed (payable to AIACCC)

☐ Email me an invoice via PayPal

Amount Enclosed: $

Please return completed application and payment to:

Professional Affiliate Coordinator
AIACCC
P.O. Box 12344
San Luis Obispo, CA 93406

☐ I, _____, grant permission to be added to the AIACCC mailing list.

Please, contact affiliates@aiacentralcoast.org with questions.