

- 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](mailto:affiliates@aiacentralcoast.org) with questions.