

# 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.