

Group Membership Application / Renewal

SELECT: New Member

Membership period is July 1-June 30 with annual dues of \$625. If you join between January 1 and April 30 you will pay \$940 and your membership will expire June 30 of the following year.

GROUP'S INFORMATION

CIRCLE GROUP MEMBER CATEGORY College Employer Associate

Group memberships allow for unlimited eligible members. College individuals from the same office, existing at the same geographical location shall be designated as eligible additional members for group membership. Employer and Associate individuals from the same company/organization, existing at the same geographical region/branch shall be designated as eligible additional members for group membership.

Organization/Company Name: _____

Department/ Title: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address (required): _____

Alternate Email Address: _____

Organization/Company Website: _____ Fax: _____

HOW DID YOU FIND OUT ABOUT EACE? Please check all boxes that apply.

Referred by member: Please indicate EACE member name /organization: _____

Tradeshow/Conference: Please indicate: _____

Online Advertisement: Please indicate: _____

Other Professional Association: Please indicate: _____

EACE Website EACE Brochure E-mail Marketing

Other: Please indicate: _____

PAYMENT INFORMATION: CHECK (payable to EACE) VISA MC AMEX DISCOVER

Payment By Credit Card (PLEASE PRINT CLEARLY)

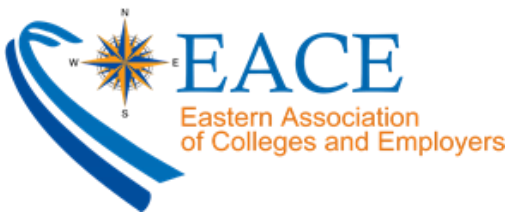
Card Holder Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____ Expiration Date: _____

Security Code (CVV): _____ Authorized Signature (Required): _____

DUES ARE DEDUCTIBLE AS AN ORDINARY & NECESSARY BUSS. EXPENSE & ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.



Group Membership Application / Renewal

GROUP'S PRIMARY CONTACT

First Name: _____ Last Name: _____

Department/ Title: _____ Years in the industry: _____

Address same as organization/company address

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address (required): _____

Alternate Email Address: _____

GROUP MEMBER

First Name: _____ Last Name: _____

Department/ Title: _____ Years in the industry: _____

Address same as organization/company address

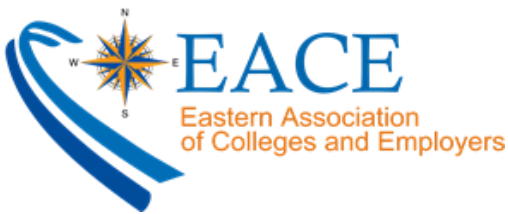
Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address (required): _____

Alternate Email Address: _____



Group Membership Application / Renewal

GROUP MEMBER

First Name: _____ Last Name: _____

Department/ Title: _____ Years in the industry: _____

Address same as organization/company address

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address (required): _____

Alternate Email Address: _____

GROUP MEMBER

First Name: _____ Last Name: _____

Department/ Title: _____ Years in the industry: _____

Address same as organization/company address

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address (required): _____

Alternate Email Address: _____

TO ADD MORE CONTACTS, PLEASE PRINT COPIES OF THIS PAGE