



OFFICE USE ONLY

Date Received

Date Created

Date Emailed

PAID Y / N

Check/CC #

Initials

MEMBERSHIP APPLICATION

MEMBERSHIP INFORMATION {as you want it to appear in the Business Directory}

FIRM NAME {as you would like published}

address

city state zip code

business telephone fax toll-free number

weblink (\$130 additional fee)

BILLING ADDRESS {if different}

city state zip code

PRIMARY COMPANY REPRESENTATIVE

primary phone primary email

title salutation ■ Mr ■ Mrs ■ Ms ■ Dr

NAMES, PHONE NUMBERS AND EMAIL ADDRESSES OF ASSOCIATES who should receive information from ACRA

BUSINESS DIRECTORY CATEGORY

COMPANY DESCRIPTION {up to 250 characters}

MEMBERSHIP INVESTMENT

membership investment \$ payment method ■ company check ■ visa ■ mastercard ■ amex

second membership of same business owner is half of full membership \$ credit card number

one-time administrative fee \$25 expiration date CVV

additional business directory listing \$ cardholder name {please print}

Web link \$ cardholder signature

Total due \$

TOP REASON FOR JOINING {please check one}

- business directory listing ■ on-line listing ■ ski pass ■ athletic club pass ■ golf pass
■ community involvement ■ company policy ■ networking events ■ arts pass ■ other
■ luncheons and seminars ■ worker's comp ■ credit card processing ■ RFTA pass

SIGNATURE

date