



## MEMBERSHIP APPLICATION FORM

Affiliate Members

Sells to or provides products or services to the Regular Members Companies

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Products or Services you wish to market to our members: \_\_\_\_\_

\_\_\_\_\_

### ANNUAL MEMBERSHIP DUES ARE:

Affiliate members: \$250.00

Allow company information to be published on our Membership Roster      YES      NO

Please mail back your check to ACIC headquarters.

2398 Fair Oaks Boulevard, Suite 1A - Sacramento, CA 95825 - 916.480.0637 - Fax 916.489.3280

[www.acicassn.biz](http://www.acicassn.biz)