



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: \$300.00

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