



MEMBERSHIP APPLICATION FORM
Bus/Limousine companies

Company Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Number of Employees: _____ Annual Gross Revenue: _____

ANNUAL MEMBERSHIP DUES ARE:

0-2 Employees = \$ 75.00

3-10 Employees = \$200.00

11- Up Employees = \$300.00

Please mail back your check and application form to ACIC headquarters.