



AZ Chapter — ACI

Membership Application

Individual Member

First Name: _____ Last Name: _____

Employer: _____

Address (*Where Correspondence should be sent for you*): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Web Address: _____

Principal Occupation: _____

Are you a Member of ACI International: (please circle one): YES NO

Please mark the committees that you would be interesting in being a part of:

Awards Committee: ____ Activities Committee: ____ Certification Committee: ____

Education Committee: ____ Student Activities: ____

Your choice (s) will be sent to the chair of each of these committees who will contact you for further information.

Fax with Payment to: 602.926.8163 or
Mail with Check to: AZ Chapter—ACI - 99 E. Virginia Ave., Ste. 160 - Phoenix, AZ 85004

Individual Membership Dues: \$50/Year

Bill Credit Card (VISA / MC) # _____ Exp. _____

Signature: _____

VCode#: _____ (*last 3 digits on back of card*) Zip Code: _____