** 2024 Affiliate**

**Membership Application**

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| **Applicant Information** | | | | | |
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| Name: |  | | | | |
| Title: |  | |  | |  |
| Company: |  | |  | |  |
| Address: | City/State/Zip | | | | |
| Phone: |  | Email: | |  | |
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| **MEMBERSHIP BENEFITS** | | | | | |
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| Guest presenter once a year at monthly meeting. Discount to annual fundraisers. Present to ACGSA Board of Directors, feature on ACGSA newsletter and invitation to annual Holiday Party | | | | | |
| **2024 Dues** | | | | | |
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| **Annual Membership:**  **$500 Per Year for primary contact/applicant $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Check Enclosed  Please bill the credit card below in FULL  Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date (mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Billing Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_  Security Code: \_\_\_\_\_\_\_\_\_\_  Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorization Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **P.O Box 82431 – Austin, Texas 78708-2431 – Phone: (512) 296-7492**  [**denise@acgsa.org**](mailto:denise@acgsa.org)  ***THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ASSOCIATION AND INDUSTRY*** | | | | | |
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