** 2024 Affiliate**

 **Membership Application**

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| **Applicant Information** |
|  |
| 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 FULLCredit 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*****THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ASSOCIATION AND INDUSTRY*** |
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