

ASSOCIATE MEMBER APPLICATION FORM

P.O. Box 4268, Silver Spring, MD 20914-4268
301-384-ACCA FAX 301-384-9623
e-mail: plupson@acca-ncc.org Home Page: www.acca-ncc.org

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Shipping Address: _____

City, State, Zip: _____

Phone: (_____) _____

**Fax: (_____) _____

**E-mail: _____

Home Page: _____

** A fax number and/or e-mail address is required to receive most communications. I understand that by providing my mailing address, E-mail address, telephone number and fax number I consent to receive any and all communications sent by or on behalf of ACCA-National Capital Chapter (ACCA-NCC) and its national affiliate via regular mail, E-mail, telephone or fax.

My preferred method of communication is: _____ E-mail OR _____ Fax

Signature: _____ Date _____

Method of Payment

Our business growth investment is enclosed. We're paying by:

Check MasterCard VISA Amex Discover

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

NOTE: ACCA dues are not deductible as a charitable contribution but may be deductible as a business expense up to 80%; 20% of your dues are not deductible for tax purposes.

MEMBERSHIP DUES

(Membership valid one year from approval)

Associates are companies associated with the environmental systems industry, including manufacturers, wholesalers, distributors, suppliers, and utilities.

\$665.00 yearly

Please complete reverse side

BUSINESS TYPE

(please circle only one - the best that applies)

- (M) Manufacturer's Representative
- (W) Wholesaler/Distributor
- (P) Professional Services
- (F) Manufacturer

NUMBER OF EMPLOYEES

_____ Please include complete staff

JURISDICTIONS COMPANY WORKS IN:

(please circle all that apply)

- (1) Maryland
- (2) Virginia
- (3) Washington, DC
- (4) All of the above

When did this company open their doors for business?

Month: _____ Year: _____

Did an ACCA member tell you about the Association? If so, please provide the following:

Name: _____

Company: _____

Mail or FAX both sides of this completed application to:

**ACCA - National Capital Chapter
P.O. Box 4268, Silver Spring, MD 20914-4268
FAX 301-384-9623**

(applications may be faxed with credit card information)
Visit our home page: <http://www.acca-ncc.org>

ACCA-NCC grants fax authorization to applicant.