



# CVB Member Application 2017-2018

September 1, 2017 – August 31, 2018

## Welcome to AENC!

Please complete and return this form to AENC Member Services.

THANK YOU FOR PRINTING CLEARLY

Application:  First-time new member     Transfer of membership     Renew membership

If transferring, who are you replacing? \_\_\_\_\_

Is the person you are replacing, still at your organization?     Yes     No

### Dues Payment Options:

(After December 31, refer to Proration Schedule on reverse for first time new members.)

Individual Member    \$295

### Company Information:

Official Company Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone:(\_\_\_\_\_) \_\_\_\_\_ Toll-free:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

General/Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

### Company Business Category: *(Please check the categories that best describe your company's business.)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting                       | <input type="checkbox"/> Destination Management/ CVB    | <input type="checkbox"/> Lobbying                       |
| <input type="checkbox"/> Advertising/Promotional Products | <input type="checkbox"/> Employee Benefits/Management   | <input type="checkbox"/> Marketing                      |
| <input type="checkbox"/> Association Management           | <input type="checkbox"/> Entertainment/Recreation/Golf  | <input type="checkbox"/> Photography/Videography        |
| <input type="checkbox"/> Attorney/Legal                   | <input type="checkbox"/> Event Planning/Management      | <input type="checkbox"/> Political Research             |
| <input type="checkbox"/> Audio/Visual                     | <input type="checkbox"/> Events Facilities/Non Hotel    | <input type="checkbox"/> Printing                       |
| <input type="checkbox"/> Banking/Financial Services       | <input type="checkbox"/> Graphic Design                 | <input type="checkbox"/> Public Relations               |
| <input type="checkbox"/> Catering                         | <input type="checkbox"/> Hotel/Resort                   | <input type="checkbox"/> Recruiting                     |
| <input type="checkbox"/> Communications/Writing           | <input type="checkbox"/> Identity Theft/Consulting      | <input type="checkbox"/> Speaker/Speakers Bureau        |
| <input type="checkbox"/> Consulting                       | <input type="checkbox"/> Information Management/Storage | <input type="checkbox"/> Technology (hardware/software) |
| <input type="checkbox"/> Decorator-Trade Show/Events      | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Telephone/Teleconference       |
| <input type="checkbox"/> Other: _____                     |   |   |

### Member Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Informal Name / Nickname: \_\_\_\_\_ Designations (CAE, CMP, etc.): \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (work/direct) \_\_\_\_\_ \*\* (cell – for emergency use only) \_\_\_\_\_

\*\* Birth date: (mm/dd/yyyy) \_\_\_\_\_ *(For identification of Young Professionals)*

\*\* Membership of other professional organizations? \_\_\_\_\_

\*\* Please tell us who introduced you to AENC so we may thank them: \_\_\_\_\_

\*\* For AENC reference only. Will not be published in AENC Resource Guide / Membership Directory.

**Photo**

Please email a high-resolution head shot to [office@aencnet.org](mailto:office@aencnet.org) for inclusion in the AENC Annual Resource Guide / Membership Directory.

**Method of Payment**

Check Payable to AENC                       Visa                       Mastercard                       AMEX                       Discover

Total Amount of Payment: \$ \_\_\_\_\_

Name on card: *(Please print)* \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email for receipt: \_\_\_\_\_

**Proration Schedule for First-time New Members Only**

- September – December:              No Proration.
- January:                                      Deduct \$20
- February:                                      Deduct \$30
- March:    Deduct \$40
- April:    Deduct \$50
- May:    Deduct \$60
- June    Deduct \$70

After the AENC Annual Meeting in July, pay next year’s membership dues in full and get free membership for the rest of the current year.

**Questions**

Phone AENC Member Services at 919-848-8255 or email [office@aencnet.org](mailto:office@aencnet.org)

**Association Executives of North Carolina**  
**434 Fayetteville Street, Suite 1850**  
**Raleigh, NC 27601**  
**919-848-8255**  
**919-848-8525 (fax)**  
[office@aencnet.org](mailto:office@aencnet.org)  
[www.aencnet.org](http://www.aencnet.org)