



Affiliate Members Membership Application

(Please print or type)

Please enclose a photo to be used in our Annual Resource Guide (Membership Directory) or email a high resolution digital photo to office@aencnet.org

Application Type: ___ New Member ___ Transfer
If transferring membership, who are you replacing? _____

Company Information:

Company _____

Complete Mailing Address _____

Complete Street Address _____

Company Phone _____ Toll-Free Number _____ Fax Number _____

General/Company Email _____ Website _____

Staff Size _____

Company Type:	___ Hotel/Resort	___ Meeting/Conference Facility	___ CVB
___ Advertising	___ Attorney/Lobbyist	___ Audio/Video	___ Computer/Website
___ Decorator	___ Entertainment/Recreation	___ Financial Services	___ Insurance
___ Management Consultant	___ Meeting/Event Planning	___ Printer/Signs	___ Promotional Products
___ Speaker/Speaker Bureau	___ Travel Services	___ Other _____	

Member Information:

Prefix ___ First Name _____ Middle ___ Last _____ Suffix _____

Informal/Nickname _____ Professional Designations (CAE, CMP, CHME, etc.) _____

Title _____ Email _____

Phone (direct line if applicable) _____ Mobile Phone (AENC emergency use only) _____

Birth Date (mm/dd/yyyy) _____ Referred by _____

Member of Other Professional Associations _____

Items marked with a are for AENC use only and will not be published in the Resource Guide.

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Areas of expertise for Peer Support section of the Resource Guide:

(Check the appropriate categories if you would be interested in sharing your expertise with other members.)

___ Budget	___ Management Issues	___ Publications
___ Financial	___ Marketing	___ Regulatory
___ Fund Raising	___ Meeting Planning/Expos	___ Sales
___ Governmental Affairs/Legislative	___ Membership	___ Technology
___ Human Resources	___ Public Relations/Communications	___ Other _____

Method of Payment: Cash/Check Credit Card Total Amount: \$ _____
 (See membership information sheet for pricing)

Name on card (Please print): _____

Credit Card Number: _____ Expiration Date: _____

Billing Address w/ Zip: _____ Security Code on card: _____

Signature: _____