



Association Management 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? _____

Membership Type: ___ Group ___ Individual
(See membership information sheet for pricing and details about group membership)

Group Membership Options:
___ 2-4 Members ___ 11-14 Members ___ 21-30 Members
___ 5-10 Members ___ 15-20 Members ___ 31 or more - Total # _____

Organization Information:
Organization _____
Complete Mailing Address _____
Complete Street Address _____
Company Phone _____ Toll-Free Number _____ Fax Number _____
General/Company Email Website _____
Staff Size _____

* Annual Budget: ___ Under \$500K ___ \$500K-\$1M ___ \$1M-\$2M ___ Over \$2M
* Non-Profit Status: ___ 501(c)(3) ___ 501(c)(4) ___ 501(c)(5) ___ 501(c)(6) ___ Other _____
* Association Scope: ___ Local ___ State ___ Regional ___ National ___ International ___ Management Company

Group Primary or Individual Member Information:
For group membership, list primary member here - this person will be the contact for information pertaining to the group, and will receive renewal information, company profile information, etc. Additional group members should complete the "Additional Group Members Application" on the back of this page. Individual members, please complete the following.
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Items marked with a are for AENC use only and will not be published in the Resource Guide.

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 _____

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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: _____