



Additional Association Management Group Member 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

Please complete this form for EACH additional group member. (Copy as needed)

Application Type: New Member Transfer Who are you replacing? _____

Membership Type: Group Individual Include Charlotte Chapter Membership? Yes No

(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 # _____

Member Information:

Organization _____

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 _____

* Complete Mailing Address _____

* Complete Street Address _____

* Office Phone _____ * Toll-Free Number _____ * Fax Number _____

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 _____

Items marked with a are for AENC use only and will not be published in the Resource Guide.

** Please complete this section ONLY if there are any differences from the main company information.*

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Thank you for your support of AENC! We look forward to seeing you soon!

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