



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 **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 # _____

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** Items marked with a * are for AENC use only and will not be published in the Resource Guide.*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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Management Issues | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Marketing | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Meeting Planning/Expos | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Governmental Affairs/Legislative | <input type="checkbox"/> Membership | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Public Relations/Communications | <input type="checkbox"/> Other _____ |

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Method of Payment: <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card	Total Amount: \$ _____
<small>(See membership information sheet for pricing)</small>	
Name on card (please print): _____	
Credit Card Number: _____	Expiration Date: _____
Billing Address w/ Zip: _____	Security Code on card: _____
Signature: _____	