



Affiliate 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: \$335

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 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

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