



Association Management 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 association? Yes No

Dues Payment:

First Member of Association (Primary Contact): **\$295**

Organization Information:

Official Organization Name: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone:(_____) _____ Toll-free:(_____) _____ Fax:(_____) _____

General/Work 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

Association Management Company

Primary Contact Information

*The primary contact will receive dues renewal and other key information. Second and subsequent AENC members should complete the **Additional Member Application**.*

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: _____

Photo

Please email a high-resolution head shot to office@aencnet.org for inclusion in the AENC Annual Resource Guide / Membership Directory.

** For AENC reference only. Will not be published in AENC Resource Guide / Membership Directory.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: _____

Questions

Phone AENC Member Services at 919-848-8255 or email office@aencnet.org

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