

Corporate Membership Application Form

Please completely fill out this application and return to AAG, 1710 Sixteenth Street NW, Washington DC 20009.

Company Name

Address City, State Zip

Main Contact Person

Name Title

Telephone Fax

Email Address Website

No. of Employees

Brief Company Description

Employees Receiving Individual Membership Benefits:

One copy of all AAG member publications will be sent to the company as well as to 5 other people. Please add \$100 for each additional membership desired and provide contact information on a separate sheet.

1)

Name Title

Address (if different from above) City, State Zip

2)

Name Title

Address (if different from above) City, State Zip

3)

Name Title

Address (if different from above) City, State Zip

4)

Name Title

Address (if different from above) City, State Zip

5)

Name Title

Address (if different from above) City, State Zip

Method of Payment:

(Please check one.) Membership fee is \$5,000. Membership is valid for one calendar year, starting on the month after the application is received and runs for 12 consecutive months.

Please send invoice

Credit Card

Check Enclosed

Account Number Expiration Date

Thank you for joining the AAG!