

Name

WA ACI CHAPTER MEMBERSHIP

INVESTMENT SCHEDULE

Company Name	Key Contact	Key Contact	
Mailing Address	City	StateZip	
	Email Address		
	arge of your company membership. For individual me		
Select your membership type:	:		
Individual Membership: \$95			
Corporate Membership: \$550	includes up to ten staff members. Additional s	tan may be added at \$40 PP.	
For an individual membership, pleas	se list only yourself.		
For a Corporate membership, list th	ne staff you wish to be added to your corporate	membership profile below.	
ourself	Email address		
lame	Email address		
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Name	 Email address		
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Name	 Email address		

Please submit your membership form to Mary Bauer, mbauer@warocks.org. Your renewal invoice will be processed and emailed to the primary contact.

Email address

Thank you for being a WA ACI Chapter member. We appreciate your support!