



# Membership Application

(Sliding scale discounted rates if you sign up multiple employees within your organization)

\*\*The membership period is July 1-June 30.\*\*

## ORGANIZATION'S INFORMATION

**CIRCLE MEMBER CATEGORY**      College                      Employer                      Affiliate                      Student

Organization/Company Name: \_\_\_\_\_

Department/ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email Address (required): \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Organization/Company Website: \_\_\_\_\_ Fax: \_\_\_\_\_

## HOW DID YOU FIND OUT ABOUT MWACE? Please check all boxes that apply.

Email       Event       Family/friend       Internet article       Internet search       Website

Other: Please indicate: \_\_\_\_\_

## PAYMENT INFORMATION:      CHECK (payable to Midwest ACE)      VISA      MC      AMEX      DISCOVER

### Payment By Credit Card

Card Holder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ Authorized Signature (Required): \_\_\_\_\_

1 Member (\$150)       2-5 Members (\$700)       6-8 Members (\$1110)       9-12 Members (\$1,650)

*DUES ARE DEDUCTIBLE AS AN ORDINARY & NECESSARY BUSS. EXPENSE & ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.*



# Membership Application

(Sliding scale discounted rates if you sign up multiple employees within your organization)

\*\*The membership period is July 1-June 30.\*\*

## PRIMARY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Select:**      New Member                  Renewing Member

Department/ Title: \_\_\_\_\_ Years in the industry: \_\_\_\_\_

Address same as organization/company address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email Address (required): \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

### COMMITTEE INVOLVEMENT: Please select any committees that this contact would like to participate on in the future.

Diversity Advancement	Experiential Education	Membership	Professional Development
Communications & Marketing	Professional Exchange	Technology	Annual Conference
Trends Conference			

## ADDITIONAL MEMBER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**SELECT:**      New Member                  Renewing Member

Department/ Title: \_\_\_\_\_ Years in the industry: \_\_\_\_\_

Address same as organization/company address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email Address (required): \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

### COMMITTEE INVOLVEMENT: Please select any committees that this contact would like to participate on in the future.

Diversity Advancement	Experiential Education	Membership	Professional Development
Communications & Marketing	Professional Exchange	Technology	Annual Conference
Trends Conference			



# Membership Application

(Sliding scale discounted rates if you sign up multiple employees within your organization)

\*\*The membership period is July 1-June 30.\*\*

**ADDITIONAL MEMBER**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**SELECT:**      New Member                  Renewing Member

Department/ Title: \_\_\_\_\_ Years in the industry: \_\_\_\_\_

Address same as organization/company address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email Address (required): \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

**COMMITTEE INVOLVEMENT: Please select any committees that this contact would like to participate on in the future.**

Diversity Advancement	Experiential Education	Membership	Professional Development
Communications & Marketing	Professional Exchange	Technology	Annual Conference
Trends Conference			

**ADDITIONAL MEMBER**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**SELECT:**      New Member                  Renewing Member

Department/ Title: \_\_\_\_\_ Years in the industry: \_\_\_\_\_

Address same as organization/company address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email Address (required): \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

**COMMITTEE INVOLVEMENT: Please select any committees that this contact would like to participate on in the future.**

Diversity Advancement	Experiential Education	Membership	Professional Development
Communications & Marketing	Professional Exchange	Technology	Annual Conference
Trends Conference			

**TO ADD MORE CONTACTS, PLEASE PRINT COPIES OF THIS PAGE**