



# Supporting Membership Application

## **SUPPORTING MEMBERSHIP – Annual Dues: \$350**

To be eligible for membership as a Supporting Member, you must be an individual evidencing a serious interest in the activities of the Association.

Includes one (1) individual member; subscription to the *AAB Bulletin*; discounts on meeting/seminars and AAB publications; and a Liaison to the AAB Board (to be elected from supporting members when the number of supporting members meets or exceeds 12).

**Name** \_\_\_\_\_ **Company** \_\_\_\_\_

Mailing Address (check one):  Home  Work

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Job Title/Position:  President  Vice President

CEO  COO  CFO  Other. Please specify: \_\_\_\_\_

### **PAYMENT METHOD**

Amount enclosed: \$ \_\_\_\_\_

Check  Money Order  Credit Card:  American Express  MC  VISA  Discover

Credit Card # \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name On Card \_\_\_\_\_ Signature \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please forward the completed application to the AAB office along with the applicable annual dues. If you are paying with a credit card, you can fax the completed application to the AAB office at (314)241-1449.