



CORPORATE MEMBERSHIP APPLICATION

Please complete and forward to AFCOM:
742 E. Chapman Ave., Orange, CA 92866
or fax (714) 997-9743

Member 1:

NAME:

TITLE:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

PHONE:

FAX:

EMAIL:

Member 1 is responsible for future renewal notices and membership changes to this account.

PAYMENT METHOD
Check Enclosed <input type="radio"/>
Bill My Company <input type="radio"/>
Charge My Credit Card <input type="radio"/>
Name on Card:
Expiration Date:
<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover
Card Number:
Signature:
P.O.#
Total including surcharge if applicable:

AFCOM MEMBERSHIP PACKAGES

\$866 Corporate Membership

Please sign me up as a member of my local area chapter.

My local chapter is: _____

My local chapter surcharge is:

- \$0
- \$20
- \$25

State chapter fees are per person and occur annually.

- Arizona \$0.00
- Atlanta \$25.00
- Boston-New England \$25.00
- Central Indiana \$0.00
- Central Ohio \$25.00
- Central Texas \$0.00
- Chicago \$25.00
- Dallas/Ft. Worth \$20.00
- Gr. Houston \$0.00
- Gr. Kansas City \$25.00
- Gr. Minnesota \$25.00
- Gr. Ph/NJ/DE \$20.00
- Gr. Tampa Bay, FL \$25.00
- Jackson/MS \$0.00
- Melbourne \$0.00
- Miami \$0.00
- Michigan \$25.00
- New Mexico \$25.00
- N.E. Ohio \$25.00
- N. Carolina \$25.00
- NY Metro \$0.00
- Omaha \$25.00
- Ontario \$0.00
- Potomac \$25.00
- St. Louis (Gateway) \$25.00
- Salt Lake City \$0.00
- United Kingdom \$0.00
- W. Pennsylvania \$25.00
- West. Washington State \$25.00
- Wisconsin \$25.00



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For additional memberships beyond the five corporate members, please use the Additional Membership Application.

Corporate Member 2:

NAME:

TITLE:

PHONE:

FAX:

EMAIL:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

CHAPTER (OPTIONAL):

Corporate Member 3:

NAME:

TITLE:

PHONE:

FAX:

EMAIL:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

CHAPTER (OPTIONAL):

Corporate Member 4:

NAME:

TITLE:

PHONE:

FAX:

EMAIL:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

CHAPTER (OPTIONAL):

Corporate Member 5:

NAME:

TITLE:

PHONE:

FAX:

EMAIL:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

CHAPTER (OPTIONAL):