



For Office Use Only
Amt Paid: _____
Date: _____
Check #: _____

Application for Affiliate Membership

Please print or type: Date: _____

Name: _____ Title: _____

Company Name: _____

Business Address: _____

Mail Address/P.O. Box _____

City State/Province Zip/Postal Code

Country: _____ e-mail Address: _____

Telephone: _____ FAX: _____
Area code Area code

Web Site: _____

Primary product or service: _____

ACUC Annual* Dues Amount: Individual Industry Affiliate Member: \$400 USD

Payment Method: *Calendar Year Jan. – Dec.

Check Enclosed (payable to ACUC) Charge to Visa # _____

American Express # _____

OR MasterCard # _____ Card Expiration Date: _____

Print Name as it appears on card: _____

Card Statement Mail Address: _____

City State/Province Zip/Postal Code

Signature of Cardholder: _____ Date: _____

Please complete this application and FAX or mail it along with your payment to:

Association of College and University Clubs
1733 King Street • Alexandria, VA 22314-2720 USA
Phone: (703) 299-2630 • FAX: (703) 739-0124 • e-mail: acuc@acuclubs.org