

# MEMBERSHIP APPLICATION FORM

DATE

/ /

I would like to join FACC and pay for its annual dues in the following member category: (please check one)

<input type="checkbox"/> <b>CORPORATE \$250</b> All membership benefits - two votes	<input type="checkbox"/> <b>INDIVIDUAL \$70</b> All membership benefits - one vote	<input type="checkbox"/> <b>ASSOCIATE \$35</b> Individual residing outside the U.S. - no voting rights
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MEMBER # 1		MEMBER # 2	
NAME		NAME	
TITLE		TITLE	

(Applicable for **corporate members** only)

COMPANY / ORGANIZATION			
NAME			
ADDRESS 1		WEBSITE	
ADDRESS 2		PHONE	
CITY		FAX	
STATE	ZIP	MOBILE	
COUNTRY		EMAIL	

TYPE OF BUSINESS (CORPORATION, PARTNERSHIP, LLC, ETC.)

HOME			
ADDRESS			
CITY		PHONE	
STATE	ZIP	FAX	
COUNTRY		MOBILE	
		EMAIL	

MEMBER PREFERENCES				
WE WILL INFORM YOU ABOUT EVENTS AND OTHER NEWS ITEMS OF INTEREST VIA EMAIL. NOTICES FOR THE ANNUAL MEMBERSHIP MEETING AND MEMBERSHIP RENEWAL WILL BE ANNOUNCED THROUGH REGULAR MAIL ALSO.				
OUR MEMBERSHIP INFORMATION WILL BE INCLUDED IN THE FACC NATIONAL DIRECTORY IN PRINTED FORM, FREE TO ALL MEMBERS. WE WILL ALSO INCLUDE YOU IN OUR MEMBER DIRECTORY AT WWW.FACCPACIFIC.COM. IF THERE IS SOME INFORMATION YOU WOULD NOT WANT INCLUDED ON THE WEBSITE, PLEASE PLACE A CHECKMARK NEXT TO IT.				
<input type="checkbox"/> MEMBER #1 NAME	<input type="checkbox"/> COMPANY NAME	<input type="checkbox"/> BUSINESS PHONE	<input type="checkbox"/> HOME PHONE	<input type="checkbox"/> HOME CITY & STATE
<input type="checkbox"/> MEMBER #1 TITLE	<input type="checkbox"/> COMPANY ADDRESS	<input type="checkbox"/> BUSINESS FAX	<input type="checkbox"/> HOME FAX	<input type="checkbox"/> Do <b>NOT</b> PUBLISH ANY INFORMATION
<input type="checkbox"/> MEMBER #2 NAME	<input type="checkbox"/> COMPANY WEBSITE	<input type="checkbox"/> BUSINESS MOBILE	<input type="checkbox"/> HOME MOBILE	
<input type="checkbox"/> MEMBER #2 TITLE		<input type="checkbox"/> BUSINESS EMAIL	<input type="checkbox"/> HOME EMAIL	

Your membership information will not be disclosed or sold to a third party without your permission. Please keep us informed on any future changes.

For questions or more information email [jari.satola@faccpacific.com](mailto:jari.satola@faccpacific.com)

PLEASE **MAIL** THIS FORM WITH YOUR CHECK (MADE PAYABLE TO FACC) TO

FACC MEMBER SERVICES  
PO BOX 3058  
TUSTIN CA 92781-3058

...OR FAX IT WITH YOUR CREDIT CARD INFORMATION TO

(775) 245-2865

CREDIT CARD # \_\_\_\_\_ PRINT NAME ON THE CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

EXP. DATE \_\_\_\_ / \_\_\_\_

CIRCLE BILLING ADDRESS:

VER 2006-06-06

COMPANY HOME