

**MEMBERSHIP INFORMATION:**

Company: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you find out about ACA/NE?

\_\_\_\_\_

**MEMBERSHIP FEES:**

- |  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> Distributor/Wholesaler/Manufacturer's Rep | \$1,000 | <input type="checkbox"/> Professional Services | \$400   |
| <input type="checkbox"/> Facilities Operator                       | \$400   | <input type="checkbox"/> Student               | \$50    |
| <input type="checkbox"/> Manufacturer                              | \$1,000 | <input type="checkbox"/> Utility               | \$2,000 |
| <input type="checkbox"/> Private Career School/Community College   | \$500   | <input type="checkbox"/> Vocational/Education  | \$100   |

**MEMBERSHIP PAYMENT:**

By signing below, I agree to allow ACA/NE to use my credit card or checking account to pay my annual membership dues.

- All at once    Monthly    Quarterly    Twice Per Year    Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_ Payment Method    Check            

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Checking Account # \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Email \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

*ACA/NE dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense up to 80%.*

**Return to:**

ACA/NE | 11 Robert Toner Blvd., # 234 | North Attleboro, MA 02763  
 Phone: 508-839-3407 | Fax: 508-232-6005 | [mike@acane.org](mailto:mike@acane.org)