

ANNUAL MEMBERSHIP APPLICATION

Membership From: _____ To: _____

Company name: _____

First name: _____ Last name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Business description: _____

What is your principal interest in joining the IACCW? _____

Please, check one of the membership levels:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | SUPPORTING MEMBER | \$ 1,000 PER YEAR |
| <input type="checkbox"/> | CORPORATE MEMBER | \$ 400 PER YEAR |
| <input type="checkbox"/> | ASSOCIATE MEMBER | \$ 250 PER YEAR |

Please make check payable to IACCW and send to:

I.A.C.C.W. 10537 Santa Monica Blvd., Suite 210, Los Angeles, Ca 90025

Payment by bank transfer:

CITY NATIONAL BANK
Bunker Hill Banking Office
355 South Grand Ave, Suite 150
Los Angeles, CA 90071
Ph: (213) 253-4360
Account N. 280109657
Swift Code CINAUS6L
ABA 122016066