

# 2008 MEMBERSHIP APPLICATION & RENEWAL FORM

I WOULD LIKE TO  JOIN  RENEW MY MEMBERSHIP (please check one)  
 AND PAY ANNUAL DUES IN THE FOLLOWING MEMBER CATEGORY: (please check one)

DATE	
/	/

<input type="checkbox"/> <b>CORPORATE \$250</b> All membership benefits - two votes	<input type="checkbox"/> <b>INDIVIDUAL \$35</b> All membership benefits - one vote	<input type="checkbox"/> <b>ASSOCIATE \$10</b> Individual residing outside the U.S. - no voting rights
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MEMBER #1		MEMBER #2 (Applicable for CORPORATE MEMBERS only)	
NAME		NAME	
TITLE		TITLE	

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

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

HOME			
ADDRESS			
CITY		PHONE	
STATE		FAX	
COUNTRY		MOBILE	
		EMAIL	

MEMBER PREFERENCES				
We will inform you about upcoming events and other news items of interest by EMAIL only. However, notices of the FACC annual meeting, membership renewal reminders, or any other information that will require your special attention will be sent to you by MAIL. Please check the mailing address of your preference.				
<input type="checkbox"/> BUSINESS		<input type="checkbox"/> HOME		
Our membership information will be included in the FACC national directory in printed form, free to all members. You will also be included in our member directory at <a href="http://www.faccpacific.com">www.faccpacific.com</a> . If there is some information that you would <b>NOT</b> wish to be included on the website, please place a checkmark next to it.				
____ MEMBER #1 NAME	____ COMPANY NAME	____ BUSINESS PHONE	____ HOME PHONE	____ HOME CITY & STATE
____ MEMBER #1 TITLE	____ COMPANY ADDRESS	____ BUSINESS FAX	____ HOME FAX	____ Do <b>NOT</b> PUBLISH ANY INFORMATION
____ MEMBER #2 NAME	____ COMPANY WEBSITE	____ BUSINESS MOBILE	____ HOME MOBILE	
____ MEMBER #2 TITLE		____ BUSINESS EMAIL	____ 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 on FACC member services, please send an email to [MEMBERS@FACCPACIFIC.COM](mailto:MEMBERS@FACCPACIFIC.COM)

PLEASE MAIL THIS FORM WITH YOUR CHECK (MADE PAYABLE TO FACC) OR CREDIT CARD INFORMATION TO

JARI SATOLA  
 MEMBERSHIP CHAIR  
 26185 LA REAL #A  
 MISSION VIEJO CA 92691

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

(949) 313-5008

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

EXP. DATE \_\_\_\_/\_\_\_\_ CIRCLE BILLING ADDRESS: Business Home VER 20080402