



REFERRED BY _____

Membership Application

Provide your contact information (be sure to include email address)

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

EMAIL _____

Indicate Your Membership Category

CATEGORY	BENEFITS*	ANNUAL DUES
<input type="checkbox"/> Bronze	3 city listings, 5 additional 'seats', web link	\$ 750
<input type="checkbox"/> Silver	6 city listings, 10 add'l 'seats', web link	\$1250
<input type="checkbox"/> Gold	10 city listings, 25 add'l 'seats', web link, + more	\$2500
<input type="checkbox"/> Platinum	Unlimited city listings, 50 add'l 'seats', web link, + more	\$5000

**Full details about member benefits are available on the EACA site at "how to join."*

Indicate Your Payment Method (full payment must accompany this form)

\$ _____ Check Enclosed Visa AMEX Master Card Discover

TOTAL AMOUNT ENCLOSED

CREDIT CARD NO. _____

CVV _____

EXPIRATION DATE _____

SIGNATURE _____

NAME ON CARD _____

Fax/Mail your payment (make checks payable to EACA)