

Affiliate Application



ASSOCIATION OF AFRICAN AMERICAN MEETING PROFESSIONALS

Firm Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (If different from above) _____ City _____ State _____ Zip _____

Billing Address (If different from above) _____ City _____ State _____ Zip _____

Telephone _____

Fax _____

Website address _____

Business category 1 (first free) _____

Business category 2 (\$10 annually) _____

Business category 3 (\$10 annually) _____

(Use additional sheet if needed)

Full time employees _____ Part time employees _____

Email Address _____

Principal Officer _____ Title _____

I am authorized to make application on behalf of the above applicant and upon approval shall participate to enhance to mission of the organization and its associates

Authorized Signature _____

ANNUAL BASIC AAAMPRO AFFILIATION INVESTMENT			
Student	\$50	High School / College	
Small Business	\$250	Up to 5 employees	
Professional	\$200	Per Individual	
BUSINESS AFFILIATE	\$1,000	Regular	6-20 Employees
	\$2,500	Silver	21-49 Employees
	\$5,000	Gold	50-100 Employees
	\$10,000	Platinum	National Affiliate
CVB / Non-Profit	\$500	Regular	1-19 Employees
CVB / Non-Profit	\$1,000	Silver	20-30 Employees
CVB Non-Profit	2,000	Gold	31-50 Employees
CVB Non-Profit	\$5,000	Platinum	51 or More

% Discount offered to other AAAMPRO affiliate on goods and services offered

Specify which goods and services (use additional sheet if necessary..this is how to boost your business and exposure)

1. _____ %
2. _____ %

Sponsored or Recommended By _____ AAAMPRO Affiliate No: _____

All members are welcome and encouraged to participate in AAAMPRO activities. Please list any employees you would like to receive regular communications of events and programs, as well as the periodic newsletter. Please use a separate sheet of paper to add more people. I also grant permission for the use of my photo or likeness in AAAMPRO marketing materials either printed or electronic.

Main Contact Name _____ Title _____ Telephone _____ Email _____

Administrative Contact Name _____ Title _____ Telephone _____ Email _____

Internet or Web Contact Name _____ Title _____ Telephone _____ Email _____

Additional Contact Name _____ Title _____ Telephone _____ Email _____

Annual Basic Association Investment \$ _____

Supplemental Categories _____ x \$10.00 annually \$ _____

Website Link (\$15 annually) \$ _____

AAAMPRO Email Forwarding (\$25 annually) \$ _____

One time account set-up fee \$ 50.00 _____

Pull Payment \$ _____

or Payable In _____ Equal Payments of \$ _____

Method of Payment:

Check (payable to: Association of African American Meeting Professionals)

- Visa Mastercard American Express Discover

Credit card # _____

Authorized Signature _____ Expires _____

Applications are subject to approval by Affiliate Review Committee. I hereby agree and understand that my AAAMPRO Affiliations shall automatically renew on the anniversary date of the initial Affiliation approval date unless you cancel your Affiliation in writing by mail with 30 days of the anniversary date.

Mail your completed application to:

AAAMPRO Application Processing Center
1090 Vermont Avenue, NW • Suite 1290
Washington, DC 20005

Need to reach AAAMPRO?

Phone: (800) 990-2882 Fax: (800) 933-3669

Email: AAAMPRO@aol.com Web: www.AAAMPRO.org