



## AMERICAN ADVERTISING FEDERATION - FORT WAYNE MEMBERSHIP APPLICATION

### INDIVIDUAL PROFILE

First & Last Name:		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Position:	Department:	

### AMERICAN ADVERTISING FEDERATION - FORT WAYNE PARTICIPATION

Please contact me about helping AAF FORT WAYNE with the following item(s): *(Please circle all that apply)*

Newsletter/Communications	Membership	Student Mentoring	Public Service
Addy Awards	Programming	Silver Medal Awards	Sponsorships

What type of programs would you most likely attend, i.e. luncheon speaker, evening social event, philanthropic activity, etc.? Programming ideas you would like to share?

### MEMBERSHIP OPTIONS

Please mark one category.

	<b>Individual: \$65.00</b> Cost covers local, district and national AAF dues. Full voting membership
	<b>Corporate, 1-9 employees: \$325.00</b> * If selected, <b>one contact person is the voting member of AAF FORT WAYNE</b> and all other employees are associate members of AAF FORT WAYNE and receive the benefits of AAF FORT WAYNE membership.
	<b>Corporate, 10 or more employees: \$595.00</b> * If selected, <b>one contact person is the voting member of AAF FORT WAYNE</b> and all other employees are associate members of AAF FORT WAYNE and receive the benefits of AAF FORT WAYNE membership.
	<b>Past Presidents: \$30.00*</b> * Cost covers national and district AAF dues. No chapter dues fees charged. Must be a former AAF President.
	<b>Student: \$0.00</b> Must be a full time student. Non-voting membership
	<b>I am an Associate Member under the _____ Corporate membership.</b> <span style="margin-left: 150px;"><small>(company name)</small></span>

### CORPORATE MEMBERSHIPS ONLY

\* Please fill out a renewal form for **each member** or provide a listing of all Associate Members with contact information. Include an additional page if necessary. Please check (✓) the person designated as the voting representative and primary contact.

✓	Name	E-mail	Phone

### PAYMENT METHOD

Credit Card	Cash	Check	<i>(Please circle)</i>	Card number:
Name on card				Card type: AX M/C VISA Exp. Date:

### SIGNATURES

Signature of applicant:	Date:
-------------------------	-------

**Please mail completed paperwork and appropriate payment to:  
AAF Fort Wayne  
P.O. Box 10066, Fort Wayne, IN 46850.**