



### To apply for AACE's COMP:

- Complete this application, providing **all** information requested
- Send completed application along with payment in US dollars (check, money order, or credit card) to:  
AACE International, 1265 Suncrest Towne Centre Dr., Morgantown, WV 26505, U.S.A.

#### COMP CONTACT INFORMATION

COMP CONTACT INFORMATION (all billing information will be directed to this person):

NAME \_\_\_\_\_  
Prefix First Middle Last (Family) Suffix

CURRENT AACE MEMBER?  Yes  No MEMBER NUMBER \_\_\_\_\_ GENDER:  FEMALE  MALE

#### GENERAL INFORMATION

Company Name \_\_\_\_\_ Web Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### SUMMARY OF CHARGES

COMP BASE DUES ..... US\$1,600

COMP APPLICATION FEE (ONE TIME) ..... US\$ 95

ADDITIONAL MEMBERS (MORE THAN 10) .....                      x US\$ 160  
Additional Members

TOTAL AMOUNT DUE ..... US\$ \_\_\_\_\_

**Applications can only be processed with one billing address and one payment. Contact AACE Headquarters with any questions.**

*Renewal notices will be forwarded annually to the above contact.*

#### PAYMENT INFORMATION

(All Credit Card Charges are made in U.S. dollars.)

Check/money order made payable to **AACE International** enclosed

Visa       Mastercard       Discover       American Express       Eurocard       Access

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (on back) \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

Name on Card \_\_\_\_\_ Full Signature \_\_\_\_\_

Return COMP Application with payment to:

**AACE International**

**1265 Suncrest Towne Centre Dr. | Morgantown, WV 26505, U.S.A. | Fax: +1.304.291.5728**

# COMP MEMBER INFORMATION

1.) **NAME** \_\_\_\_\_  
Prefix First Middle Last (Family) Suffix  
**Title** \_\_\_\_\_ **CURRENT AACE MEMBER?**  YES  NO **MEMBER NUMBER** \_\_\_\_\_ **GENDER:**  FEMALE  MALE  
 **ADDRESS & PHONE ARE SAME AS COMPANY** (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_  
(State/Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Email) \_\_\_\_\_  
**PREFERRED CONTACT IS**  COMPANY  HOME (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_  
(State/Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_ (Telephone)  Mobile  Home \_\_\_\_\_ (Email) \_\_\_\_\_

2.) **NAME** \_\_\_\_\_  
Prefix First Middle Last (Family) Suffix  
**Title** \_\_\_\_\_ **CURRENT AACE MEMBER?**  YES  NO **MEMBER NUMBER** \_\_\_\_\_ **GENDER:**  FEMALE  MALE  
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3.) **NAME** \_\_\_\_\_  
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LIST ADDITIONAL MEMBERS ON A SEPARATE SHEET

# ADDITIONAL COMP MEMBER INFORMATION

**COMPANY:**

**NAME** \_\_\_\_\_  
Prefix First Middle Last (Family) Suffix  
**Title** \_\_\_\_\_ **CURRENT AACE MEMBER?**  YES  NO **MEMBER NUMBER** \_\_\_\_\_ **GENDER:**  FEMALE  MALE  
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