



Agency/Brokerage Membership Application

<i>ASCnet use only</i>	
Member ID	_____
Chapter ID	_____
Chapter Name	_____
Newsgroup ID	_____

Leading insurance business practices through education and advocacy
 Newsgroups ■ ASCnet Quarterly ■ Chapter Affiliation ■ ASCnet Tools ■ Education

Agency Information (Please Print)

Agency/Brokerage Name			
Street Address or PO Box			
City	State/Province	Zip+4/Postal Code	
Applied Systems License/Serial Number	Software Version	Version Number	Number of Licensed Terminals
Parent Company Name (required for Location Subscription only)			ASCnet Member ID #

Contact Information (Please Print) Please list all additional contacts on page 2

Main Contact Name						
Prefix	First Name	MI	Last Name	Suffix	Designation	Title
Phone Number		Fax Number		E-mail Address		
()		()				
Principal/Owner Name						
Prefix	First Name	MI	Last Name	Suffix	Designation	Title
Phone Number		Fax Number		E-mail Address		
()		()				

Membership & Payment Categories

ASCnet Membership dues are based on the number of terminals that are covered by the agency/brokerage license with Applied Systems. Agency/brokerage must be current with Applied Systems support. Classification is subject to verification. Please select the appropriate dues category and amount below. In addition, you may join one or more Local Chapter(s) with this application. Discover the chapter in your area by visiting www.ascnet.org/chapters; then indicate the chapter(s) of your choice in the space provided. Membership is for a 12 month period. PLEASE NOTE: To be eligible for the Location Subscription, the parent agency MUST be a current member of ASCnet.

Number of Terminals	Dues Rate	ASCnet Dues Payment Amount:	\$ _____
<input type="checkbox"/> 1 - 24 Terminals	\$215.00	<input type="checkbox"/> I want to join the _____ Chapter	
<input type="checkbox"/> 25 - 49 Terminals	\$265.00	Chapter Dues Payment Amount:	\$ _____
<input type="checkbox"/> 50 + Terminals	\$315.00	Total Dues Payment Enclosed:	\$ _____
<input type="checkbox"/> Location Subscription	\$115.00		

Payment Information

<input type="checkbox"/> Check enclosed # _____	Please charge:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number _____	Expiration Date _____	CVV# (3-4 digit code) _____	Cardholder Zip Code _____	
Card Holder's Name (please print) _____	Signature _____			

Signature

I hereby submit this application for membership in ASCnet. I understand that once my membership is accepted all employees at the above location will be eligible to participate in the ASCnet benefits. By signing this document, I indicate that I am authorized to do so, that the agency/brokerage is currently on Applied Systems support, and grant consent to ASCnet to submit any solicitation (including faxes and e-mails) to all persons sharing the fax number(s) and e-mails listed above.

Applicant's Signature _____ Date _____