



National Association Of Credit Management-Southeast Unit, Inc.
 POB 29429 Atlanta GA 30359 770.491.3313 Fax: 770.939.3096 Web www.nacm-se.com

MEMBERSHIP APPLICATION

Firm _____ SIC CODE _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax# _____

Representative Name _____ Title _____

E-Mail Address _____

CORPORATE MEMBERSHIP @ \$420.00 (INCLUDES 1 PRIMARY AND 1 ASSOCIATE MEMBERSHIP) \$ _____

CORPORATE ASSOCIATE NAME _____

CORPORATE ASSOCIATE EMAIL _____

Additional Associate Membership(s) @ \$60.00 per representative
 (attach additional page if necessary for additional associates)

Name _____ Email _____ \$ _____

GENERAL MEMBERSHIP @ \$365.00 (includes 1 primary member representative) \$ _____

I understand that the TOTAL annual charges for membership dues and other credit services ordered will be → \$ _____

The undersigned, an authorized representative of _____ applies for membership in the *National Association of Credit Management-Southeast Unit* and agrees to pay annually in advance, the dues and charges for credit services ordered upon receipt of appropriate invoices. Membership in this Association shall be automatically renewed, unless terminated in writing by either party at least (30) days prior to the renewal date. The undersigned also agree to abide by the Constitution and by-laws of this Association.

SIGNATURE X _____ DATE _____

NACM USE ONLY

Accepted By _____ Date _____