

REPLACEMENT MEMBERSHIP APPLICATION

Contact Information for New Member

First Name _____	Last Name _____
Business	date of birth
Company _____	Title _____
Address _____	
City/State _____	Zip/Country _____
Email _____	Website _____
Phone _____	Fax _____
Home	
Address _____	
City, State _____	Zip/Country _____
Email _____	Phone _____

Chapter Selection for New Member

Primary Chapter must be marked with X or ✓	
Secondary Chapter(s) must be marked with S (\$50 fee/additional chapter)	
<input type="checkbox"/> Alamo	<input type="checkbox"/> New York City
<input type="checkbox"/> Anchorage	<input type="checkbox"/> Northeast Florida
<input type="checkbox"/> Appalachian	<input type="checkbox"/> Orlando
<input type="checkbox"/> Greater Atlanta	<input type="checkbox"/> Greater Omaha
<input type="checkbox"/> Austin	<input type="checkbox"/> Philadelphia/South Jersey/DE
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Phoenix
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Reno-Tahoe
<input type="checkbox"/> Greater Chicago	<input type="checkbox"/> Richmond
<input type="checkbox"/> Greater Cincinnati Area	<input type="checkbox"/> Sacramento
<input type="checkbox"/> Columbus	<input type="checkbox"/> San Diego
<input type="checkbox"/> Dallas/Fort Worth	<input type="checkbox"/> San Francisco/Bay Area
<input type="checkbox"/> Greater Denver	<input type="checkbox"/> San Joaquin Valley (<i>in formation</i>)
<input type="checkbox"/> Greater Detroit	<input type="checkbox"/> Greater Seattle
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Silicon Valley
<input type="checkbox"/> Houston	<input type="checkbox"/> South Florida
<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Southern Wisconsin
<input type="checkbox"/> LA-Orange County	<input type="checkbox"/> Capital Area of Wisconsin
<input type="checkbox"/> Memphis	<input type="checkbox"/> Tacoma South Puget Sound
<input type="checkbox"/> Minneapolis/St. Paul	<input type="checkbox"/> Tampa Bay Area
<input type="checkbox"/> Nashville	<input type="checkbox"/> Triangle, NC
<input type="checkbox"/> New England	<input type="checkbox"/> Ventura
<input type="checkbox"/> Greater New Jersey	<input type="checkbox"/> Greater Washington D.C.
<input type="checkbox"/> New Orleans	<input type="checkbox"/> At-Large (No chapter available)
Interested in starting a Chapter? Contact membership@nace.net .	

FEE FOR REPLACEMENT APPLICATION: \$50.00

PAYMENT METHOD: CHECK _____ **CREDIT CARD: AMEX** _____ **VISA** _____ **MC** _____ **DISCOVER** _____
CARD # _____ **EXP DATE** _____ **NAME ON CARD** _____

Preferred address for NACE use: Business Home

Preferred email address for NACE use: Business Home

Primary industry: Catering Professional Event Planner Event Professional Academic Other

Code of Ethics Agreement

As a condition precedent to admission to membership of NACE, candidates for membership shall agree in writing to abide by the code of ethics found at www.nace.net/CodeOfEthics. Failure to maintain compliance herewith shall be cause for expulsion of any member, following due process as provided in the bylaws of the association.

I hereby certify that I have read and agree to abide by the NACE Code of Ethics.

Signature _____ Date _____

Updated Information for Replaced Member

First Name _____	Last Name _____
Business	date of birth
Company _____	Title _____
Address _____	
City/State _____	Zip/Country _____
Email _____	Website _____
Phone _____	Fax _____
Home	
Address _____	
City, State _____	Zip/Country _____
Email _____	Phone _____

Replacement Policy

If a membership is paid by a company, the company may choose to transfer the membership from one employee to another up to once per year. The employee who is replaced is considered to be a transitional member (details below) and the new member will take over the membership, including the 'paid through' date.

Transitional members will retain membership benefits for up to 90 days after a company request to transfer benefits, compliments of NACE. Membership must be renewed within the 90 day grace period in order to maintain membership without having to reapply. To renew a transitional membership, one must log in to www.NACE.net and click **My Invoices**.

Please allow 5-7 business days for this application to be processed. The new member will receive an email when the membership application is approved.

Please submit application and payment to:

NACE | 10440 little Patuxent Pkwy, Suite 300, Columbia, MD 21044 | T: 410-290-5410 | F: 410-638-5768 | membership@nace.net