



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)	
_____ Alamo	_____ New York City
_____ Anchorage	_____ Northeast Florida
_____ Appalachian	_____ Orlando
_____ Greater Atlanta	_____ Greater Omaha
_____ Austin	_____ Philadelphia/South Jersey/DE
_____ Baltimore	_____ Phoenix
_____ Charlotte	_____ Reno-Tahoe
_____ Greater Chicago	_____ Richmond
_____ Greater Cincinnati Area	_____ Sacramento
_____ Columbus	_____ San Diego
_____ Dallas/Fort Worth	_____ San Francisco/Bay Area
_____ Greater Denver	_____ Greater Seattle
_____ Greater Detroit	_____ Silicon Valley
_____ Hawaii	_____ South Florida
_____ Houston	_____ Southern Wisconsin
_____ Las Vegas	_____ Capital Area of Wisconsin
_____ Los Angeles	_____ Tacoma South Puget Sound
_____ Memphis	_____ Tampa Bay Area
_____ Minneapolis/St. Paul	_____ Triangle, NC
_____ Nashville	_____ Ventura
_____ New England	_____ Greater Washington D.C.
_____ Greater New Jersey	_____ At-Large (No chapter available)
_____ New Orleans	_____
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 (Name required, contact info if known)

First Name _____	Last Name _____
Business _____	_____
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 fee for replacing a member is \$50. The employee who is replaced is considered to be a Prospective member and the new member will take over the membership, including the 'paid through' date. There must be at least 90 days remaining on the original membership to qualify for the transfer. An administrative fee of \$50 is required. Applies to professional memberships only. 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 to: