

Contact Information	
First Name:	Last Name:
Business	
Company:	Title:
Address:	
City/State:	Zip/Country:
Phone:	Email:
Fax:	Website:
Home	
Address:	
City/State:	Zip/Country:
Phone:	Email:

Preferred address for NACE use: Business Home
 Preferred email address for NACE use: Business Home
 Referred by: _____ (member name)
 Primary industry: Catering Professional Event Planner Event Professional
 Academic Other:
 Do you agree to receive e-mail correspondence from NACE and its members? Yes No
 Do you agree to receive pertinent information to issues covered by the association from interested third party entities? Yes No

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 _____

Chapter Selection			
Please check Primary & Secondary Checkbox below (\$50 fee/additional chapter)			
LEGENDS - PC = Primary Chapter, SC = Secondary Chapter			
PC	SC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Alamo	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Anchorage	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Appalachian	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Atlanta	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Austin	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baltimore	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Broward & The Palm Beaches	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Capital Area of Wisconsin	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Charlotte	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chicago	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cincinnati Area	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Columbus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dallas/Fort Worth	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Denver	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Detroit	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hawaii	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Houston	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Las Vegas	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Miami	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nashville	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	New England	<input type="checkbox"/>
PC	SC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	New Orleans	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Northeast Florida	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Omaha	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Orlando	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Palm Springs	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Philadelphia/South Jersey/DE	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Phoenix	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Reno-Tahoe	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Richmond	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sacramento	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	San Diego	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seattle	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Silicon Valley	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Southern Wisconsin	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tacoma South Puget Sound	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tampa Bay Area	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Triangle, NC	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Twin Cities	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ventura	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Washington D.C.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	At-Large (No chapter available)	<input type="checkbox"/>

Includes one NACE National membership and one local Chapter membership. Additional applicants must fill out separate forms even if paying with the same check. *All NACE memberships are non-refundable.*
 Visit www.nace.net/Join for more information about categories and requirements. Please allow 5-7 business days for processing (online applications take 2-3 business days).

Membership Type	Dues Rate	Additional Information
Individual Professional	\$415	Professional individual membership
Corporate	\$315	For companies maintaining three or more individual memberships for \$315 each
Nonprofit	\$330	Attach tax-exempt certificate to application
Student	\$55	Attach proof of enrollment. Five year maximum term.
Young Professional	\$255	For applicants 26 years or younger. Attach copy of driver's license.

Membership Type: _____
 Foundation donation: _____
 Payment Total: _____
 Add \$50 for each additional Chapter selected above.
 Payment Type: Check # _____
 Credit Card   
 Name on Card: _____
 Credit Card #: _____
 Exp Date: _____ CCV Number: _____
 Signature: _____