

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

Includes one NACE National membership and one local Chapter membership. Additional applicants must fill out separate forms even if paying with the same check.
 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	Membership Type:
Individual Professional	\$415	Professional individual membership	Foundation donation: _____
Corporate	\$315	For companies maintaining three or more individual memberships for \$315 each	Payment Total: _____
Nonprofit	\$330	Attach tax-exempt certificate to application	Payment Type: <input type="checkbox"/> Check # _____
Student	\$55	Attach proof of enrollment. Five year maximum term.	<input type="checkbox"/> Credit Card <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> AMERICAN EXPRESS
Young Professional	\$255	For applicants 26 years or younger. Attach copy of driver's license.	Name on Card: _____
			Credit Card # <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
			Exp Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> CCV Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
			Signature: _____