







MEMBERSHIP APPLICATION

NEW MEMBER INFORMATION Company Name					
		Title			
Mailing Address					
Company Phone					
Email Address					
			Twitter		
Industry	Communication Preference: Phone Email Text Facebook Twitter				
Description of Business					
MEMBERSHIP INVESTMENT LEVE	ELS				
COMPANY SIZE		ONE YEAR	TWO YEAR 10% off	THREE YEAR 15% off	
SOLE PROPRIETOR		\$49			
BUSINESS MEMBER 2-15 EMPLOYEES		\$249	\$449	\$635	
BUSINESS MEMBER 16 - 24 EMPLOYEES		\$849	\$1,680	\$2,165	
CORPORATE MEMBER 25+ EMPLOYEES		\$2,500	\$4,500	\$6,375	
DISCOUNT SAVING OPPORTUNIT *Circle all that apply	Y				
HEALTH CARE OFFICE SUPPLIES	S TRANSLATION SERVI	CES HR/LABOR LAW	CREDIT CARD PR	OCESSING	
PAYMENT METHOD					
Credit Card #		E>	xp:/ CV	′V	
Name on Card					
Membership will automatically renew o	n an annual basis at a 5% dis	scount each year, unless the	e below "opt out" box	is checked.	
Opt Out of Membership Auto	-Renew				
hereby authorize and consent permiss and directory. I authorize SACC and the			cation to be published	d in our newsletter, we	
ignature Date		e	Rep Name:		
MEMBERSHIP PROFILE					
Accounts Payable Contact	e Contact Em		Direct Line		
Social Media Contact		_ Email	Direct Line		
Sponsorships Contact		_ Email	Direct Line		