



ASSOCIATE MEMBERSHIP APPLICATION

Company Name:		Date:	
Address:		How long in business?	
Primary Contact / Title:			

PRINCIPALS

Name	Title	Email	Time w/ company

SERVICES & TERRITORY

Please provide a brief description of the services your company offers and the territory you serve.

REFERENCES

Please provide **THREE** references - not relatives or employees - who have known the principals for the past five years.

Name / Company:	Phone:
Name / Company:	Phone:
Name / Company:	Phone:

Has this company or any principal been charged with committing a felony? **	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this company or any principal ever been named in a bankruptcy proceeding? **	<input type="checkbox"/> Yes	<input type="checkbox"/> No
** Describe any YES answers briefly:		

I HEREBY AUTHORIZE THE ASSOCIATED REPORTING COMPANIES (ARCO) AND/OR THEIR DESIGNATED REPRESENTATIVE(S) TO INVESTIGATE WITHOUT LIABILITY, ALL OF THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION FOR MEMBERSHIP. I CERTIFY THAT ALL ANSWERS ARE CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION MAY BE GROUND FOR REFUSAL OF MEMBERSHIP.

Signed _____ Full Name _____ Date _____

* APPLICATION MUST BE ACCOMPANIED BY CHECK PAYABLE TO "ARCO" IN THE AMOUNT OF \$50 WHICH REPRESENTS A NON-REFUNDABLE APPLICATION REVIEW & PROCESSING FEE. UPON APPROVAL OF MEMBERSHIP, THE FIRST YEAR OF ANNUAL DUES (\$165) WILL BE BILLED - AND IS RENEWABLE ON AN ANNUAL BASIS BASED UPON THE MONTH JOINED.