

# AAIS APPLICATION FOR MEMBERSHIP

The undersigned agrees to observe and abide by the Certificate of Incorporation and By-laws of the Corporation as duly adopted and amended from time to time.

Please provide contact information for the representatives identified below:

## Appointment of Voting Representative:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Email Address)

This representative is appointed to cast its vote at all annual and special meetings of the Members of the Corporation. This appointment shall be binding on the Member until the Corporation is notified that the authorization has been withdrawn or that another person has been appointed.

## Billing Representative:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Email Address)

## Assessment Data Reporting Representative:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Email Address)

Members electing to affiliate for AAIS Products and/or Services as established by the Membership Agreement to be separately executed.

Company Name: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

