



Atlanta Quality Assurance Association

Corporate Membership Application

Company Name: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Ext.: _____ Fax: _____
Email : _____ Website: _____
Would you like to receive the monthly AQAA Newsletter by Email? ___ Yes ___ No

The membership term runs from the date the application and payment are received through the same date the following year. AQAA participation earns CE credits toward CQA and CSTE designation. AQAA Corporate Membership fees are as follows:

Five (5) Seats \$300.00
Ten (10) Seats \$600.00
Fifteen (15) Seats \$900.00

Seats are not tied to individuals. Any company designee may attend a meeting. Company is asked to provide an updated roster of possible attendees. Corporations wishing to purchase more than 15 seats should approach the board as that could singularly affect our needs regarding meeting facilities.

Enclosed is a check for \$ _____

Make checks payable to AQAA and mail to:
AQAA Corporate Membership Program
PO Box 889154
Atlanta, GA 30356

Would you like to be included in the Corporate Section of the next publication of the AQAA Membership Directory? _____ Yes _____ No

If yes, please provide brief comments, which can be included to facilitate networking.

Signature: _____ Date: _____