



OF COMMERCE & INDUSTRY

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Website: www.addisonaic.org
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Date: _____

Company: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ @ _____ # of Employees: _____

Website: _____ Years in business: _____

Type of business: _____

Contact: _____ Title: _____

I hereby authorize the ACCI to contact me by fax and/or e-mail communications relative to upcoming events, activities and business information.

Signature: _____

MEMBERSHIP INVESTMENT LEVEL SELECTED (CIRCLE YOUR CHOICE)

Table with 4 columns: Business Type, Gold Level, Ruby Level, Diamond Level. Rows include Addison business, Non-Addison business, and Home/Non-Profit.

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