



NATIONAL ASSOCIATION EXECUTIVES FORUM

Membership Application

An NAEF representative will contact you.

NAEF membership provides you and your staff access to lifetime financial management programs.

CONTACT INFORMATION

Organization Name: _____

Headquarters: _____

Billing: _____

ORGANIZATION OVERVIEW

Entity Type: Trade Association Professional Society Other Nonprofit C Corp S Corp

Number of Employees: _____

Business Industry (SIC): _____

ASSOCIATION DEMOGRAPHICS

Is your organization an association? Yes No (If no then skip)

Are your members corporate or individual? Corporate Individual

How many members do you serve? _____ How many chapters? _____

Are your members in geographic areas or nationwide?

Geographic, where? _____ Nationwide

Do you offer any affinity programs? Yes No Would you like to? Yes No

PRIMARY INDIVIDUAL CONTACT

Name: _____

Title: _____

Nickname: _____

E-mail: _____

Phone: _____

ADDITIONAL CONTACT

Name: _____

Title: _____

Nickname: _____

E-mail: _____

Phone: _____

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