



## 2017-2018 Membership Application Form

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

I hereby apply for membership to AAF Toledo.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Company/School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail Address Website Address

\_\_\_\_\_  
Applicant's Signature

*Please indicate type of membership and total amount due:*

	Yearly Dues	New Member Fee	Total Dues & Fees
<input type="checkbox"/> Individual Professional one year (July 1-June 30) <b>(add \$150 to include luncheon package)</b>	\$ 150.00	\$10.00	\$160.00
<input type="checkbox"/> Corporate (July 1-June 30) Two or more members from same company <b>pay only \$130/member</b> <b>(add \$150/member to include luncheon package)</b>	\$130/member		
<input type="checkbox"/> Professional half year (January 1-June 30) <b>NEW MEMBERS ONLY</b>	75.00	10.00	85.00
<input type="checkbox"/> Retiree (anyone who is retired from full-time active advertising management or production services)	75.00		75.00
<input type="checkbox"/> Educator (full-time instructor from an accredited school who is teaching advertising/marketing)	75.00		75.00
<input type="checkbox"/> Student (full-time student from an accredited school who is pursuing a career in advertising/marketing)	40.00		40.00

Total Amount Due \$ \_\_\_\_\_

Applicable dues and fee should accompany this application to facilitate approval by the AAF Toledo Board of Governors.

Please make check payable to the **AAF Toledo** and mail to: 7230 Sawmill Run, Holland, OH 43528

Phone: 419.866.4199 \* Fax: 419.868.3746 \* E-mail: [director@aaftoledo.org](mailto:director@aaftoledo.org) \* Website: [www.aaftoledo.org](http://www.aaftoledo.org)