



2019-2020 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) (add \$150 to include luncheon package)	\$ 150.00	\$10.00	\$160.00
<input type="checkbox"/> Corporate (July 1-June 30) Two or more members from same company pay only \$130/member (add \$150/member to include luncheon package)	\$130/member		
<input type="checkbox"/> Professional half year (January 1-June 30) NEW MEMBERS ONLY	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 * Website: www.aaftoledo.org