

## NON-PROFIT

### ENROLLMENT/INFORMATION FORM

1. Name of Organization: \_\_\_\_\_
2. Name and address (both physical and e-mail) of person to whom membership renewal invoices are sent: \_\_\_\_\_  
\_\_\_\_\_
3. Name and e-mail address of audit committee chairperson (if any): \_\_\_\_\_  
\_\_\_\_\_
4. Mailing address of audit committee chairperson (if any): \_\_\_\_\_  
\_\_\_\_\_
5. Name and e-mail address of other audit committee members (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name and e-mail address of chief financial officer (if any): \_\_\_\_\_  
\_\_\_\_\_
7. Name and e-mail address of internal auditor (if any): \_\_\_\_\_  
\_\_\_\_\_
8. Name, title, and e-mail address of other management members to receive e-mails (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this application form, along with a \$500 check, payable to “Association of Audit Committee Members, Inc.”, to: Association of Audit Committee Members, Inc., Attn: Frederick D. Lipman, President, c/o Blank Rome LLP, One Logan Square, 130 North 18<sup>th</sup> Street, Philadelphia, PA 19103-6933.

Alternatively, you can send the application to Barbara Helverson at [Helverson@blankrome.com](mailto:Helverson@blankrome.com) and you may pay the \$500 by going to <http://www.aacmi.org/joinus.html> and hitting the “Subscribe” button to use PayPal.