

DIRECTOR/EXECUTIVE OFFICER
ENROLLMENT/INFORMATION FORM

1. Name: _____

2. Title: _____

3. Email address: _____

4. Names of the companies or organizations where you serve as an audit committee member or executive officer: _____

Please send this enrollment form to Yelena Barychev at barychev@aacmi.org and you may pay the membership fee via PayPal at [Association of Audit Committee Members \(aacmi.org\)](http://Association of Audit Committee Members (aacmi.org)) and [Join AACMI](#).

Alternatively, you can send this enrollment form, along with the check for the membership fee payable to Association of Audit Committee Members, Inc., to:

*Association of Audit Committee Members, Inc.
c/o Blank Rome LLP, One Logan Square, 130 North 18th Street, Philadelphia, PA 19103-6933
Attn: Yelena Barychev, President*