

## ENTITY ENROLLMENT/INFORMATION FORM

1. Name of company or organization: \_\_\_\_\_  
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2. Name, title and e-mail address of contact person: \_\_\_\_\_  
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3. Names and e-mail addresses of Board members to be enrolled in AACMI:  
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\_\_\_\_\_
4. Names, titles and e-mail addresses of executive officers to be enrolled in AACMI:  
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Please send this enrollment form and 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 18<sup>th</sup> Street, Philadelphia, PA 19103-6933  
Attn: Yelena Barychev, President*

Alternatively, you can send this enrollment form to Yelena Barychev at [barychev@aacmi.org](mailto: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](#).

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