

NON-PROFIT ORGANIZATIONS
ENROLLMENT/INFORMATION FORM

1. Name of company: _____

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: _____

4. Mailing address of audit committee chairperson: _____

5. Name and e-mail address of other audit committee members: _____

6. Name and e-mail address of chief financial officer: _____

7. Name and e-mail address of internal auditor: _____

8. Name, title, and e-mail address of other management members to receive e-mails: _____

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: Yelena Barychev, President, c/o Blank Rome LLP, One Logan Square, 130 North 18th Street, Philadelphia, PA 19103-6933.

Alternatively, you can send the application to Yelena Barychev at yelena.barychev@blankrome.com and you may pay the \$500 by going to [Association of Audit Committee Members \(aacmi.org\)](http://Association of Audit Committee Members (aacmi.org)) and Join AACMI.