



PRIVATE AND NOT-FOR PROFIT ORGINAZATIONS
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 18th Street, Philadelphia, PA 19103-6933.

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