

ACCG Associate Membership Application

Please fill out and return along with payment of \$500 to:

ACCG
ATTN: Kathleen Bowen
50 Hurt Plaza, Suite 1000
Atlanta, GA 30303

Company name: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____

Fax: _____

Contact person: _____

Email: _____

Company website: _____

General Nature of Business:

Please check the category you would like your company to be listed in.

You may check more than one if appropriate

- Architecture
- Banking/Financial Services
- Construction / General Contractors
- Consultants / Project Managers
- Engineering
- Environmental
- Healthcare / Insurance
- Law Firms/Legal
- Professional Services / Trades / Suppliers
- Regional Development Centers
- Technology Services / Energy

Fee: \$500

If paying by credit card, please fill out the information below and fax to 404-525-2477

Credit Card: MasterCard VISA

Card number: _____

Expiration date: _____

Authorized Signature: _____