# AAM Membership Application

First Name | Last Name

Company | Title

Address | City, State, ZIP | Country

Phone | Fax | E-mail

Please take a few minutes to answer the following questions. Your response will help us as we continually strive to improve the benefits of membership. In addition, we will use this information as part of the online member directory, which serves as an additional resource for member sharing.

1. Number of employees in company. _____
2. Number of Partners. _____
3. Number of offices. _____
4. To whom do you report to. (title) _____
5. Name of Managing Partner. _____
6. Approximately what percentage of your firm's gross annual revenues is dedicated to the marketing budget? _____ %
7. In what year did you begin your career in:
   Professional Marketing? _____
   Accounting Marketing? _____
8. Firm Scope:
   ☐ National ☐ Regional ☐ Local
9. If your firm is a member of any networks or associations, list them here. _____
10. How did you hear about AAM? _____
11. Your Birthday. (Just for AAM Headquarters use.) mm/dd/yyyy _____

## 12. Sharing

Are you willing to share your knowledge and experience with other AAM members? If so, please indicate the areas in which you are willing to share information.
***Please check all that apply.***

- ☐ Advertising
- ☐ Client Advisory Boards
- ☐ Communications
- ☐ Database Management
- ☐ Direct Mail
- ☐ Firm Brochures
- ☐ Marketing Culture
- ☐ Marketing Plan
- ☐ Newsletter–External
- ☐ Newsletter–Internal
- ☐ Proposals
- ☐ Publicity
- ☐ Research
- ☐ Sales/Training
- ☐ Seminars/Forums
- ☐ Special Events
- ☐ Surveys
- ☐ Trade Shows
- ☐ Web Sites

## 13. Niches and Specialties

Please indicate your willingness to share information with other AAM members about your firm's particular niches or specialties. ***Please check all that apply.***

- ☐ Advertising
- ☐ Agriculture
- ☐ Architecture/Engineering
- ☐ Auto Dealerships
- ☐ Banking
- ☐ Construction
- ☐ Convalescent Centers
- ☐ Country Clubs
- ☐ Credit Union
- ☐ Entertainment
- ☐ Equine
- ☐ Family Owned Business
- ☐ Financial
- ☐ Government
- ☐ Hospital/Health
- ☐ Hospitality/Restaurant
- ☐ Insurance
- ☐ International
- ☐ Legal
- ☐ Litigation Support
- ☐ Manufacturing
- ☐ Not-for-profit
- ☐ Operational Audit
- ☐ Public/Media Relations
- ☐ Real Estate
- ☐ Retail
- ☐ Service Industries
- ☐ Small Business
- ☐ Utilities
- ☐ Web Assurance
- ☐ Winery

**Send payment and application to:** **ASSOCIATION FOR ACCOUNTING MARKETING**
**400 Admiral Blvd., Kansas City, MO 64106**

**816.221.1296 • 816.472.7765 • E-mail: info@accountingmarketing.org**

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## Membership Categories

Please check the appropriate membership category.

☐ **Executive Member**

In-house marketing executive whose sole responsibility is the marketing of accounting and consulting services and marketing-related activities in an accounting and consulting firm.
Dues: $275 Annually + $50 Initiation

☐ **Associate Member**

Other in-house accounting firm personnel, including CPAs, firm administrators and sales professionals whose responsibilities include marketing.
Dues: $275 Annually + $50 Initiation

☐ **Affiliate Member**

Includes consultants and vendors to the accounting profession, individuals involved in marketing businesses, organizations or associations (other than accounting); or providers of other goods and services to the accounting profession; or members of the media and/or others interested in marketing of accounting services.
Dues: $275 Annually + $50 Initiation

☐ **Educator/Student Member**

Individuals involved in accounting marketing at colleges and universities, educators or students.
Dues: $150 Annually + $50 Initiation

## INPACT Americas Method of Payment

**Credit Card:**

☐ American Express ☐ MasterCard ☐ VISA ☐ Discover

Account #: _____

Expiration Date: _____ Total Amount: $_____

Joining year dues are pro-rated ($22.92 per month) plus one time $50 initiation fee. WAIVED!

Cardholder Name: _____

Signature: _____

**Check:** $_____ Check #: _____ Make checks payable in US funds to AAM.

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