



# Affiliate Membership Application

Please type or print

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## Membership Eligibility & Requirements

IACC's Affiliate membership is open to entities engaged in the business of providing goods or services to the commercial collection industry.

### Applicant Information

Organization Main Contact \_\_\_\_\_ Title \_\_\_\_\_

Organization Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

### Reference

Please provide the name of one company (clients, agencies, attorneys or law lists) for whom you have handled collection industry related business during the past year:

Name of Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Referral Source

How did you find out about membership in IACC?

IACC website

Promotional mailing, email or tradeshow (please specify) \_\_\_\_\_

Referral from a member

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

City, State, Country \_\_\_\_\_

Other (please specify) \_\_\_\_\_

## Dues Payment\*

Dues are payable by check or credit card, non-refundable annual dues are \$ 499.

Payment enclosed (please make check payable to IACC)

Please bill my credit card:  Visa  MasterCard  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Wire Transfer: Please contact IACC at [iacc@commercialcollector.com](mailto:iacc@commercialcollector.com) for wire transfer information.

I hereby certify that I fully qualify to meet the requirements of affiliate membership in IACC. I authorize IACC to contact the above listed reference. If accepted, I agree to advance the interests of the organization and abide fully by its Bylaws and Code of Ethics.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

*\*Member dues are not deductible as a charitable contribution for tax purposes. They may, however, be fully deductible as a business expense.*

## APPLICATION CHECKLIST

Please confirm the following are included:

Reference, including email address.

Dues paid.