



Associate Membership Application

Please type or print

3200 Courthouse Lane, Eagan, MN 55121-1585 • www.commercialcollector.com
Phone (952) 925-0760 • Fax (952) 926-1624 • Email iacc@commercialcollector.com

Membership Eligibility & Requirements

IACC's Associate membership is open to law firms that practice in the area of commercial collections. Each law firm applicant must designate one attorney from the firm to provide proof of his/her state bar license to practice law in their home state.

Applicant Information

Law Firm Name _____ Date of Application _____

Street Address _____ City _____ State _____ ZIP _____

Mailing address _____ City _____ State _____ ZIP _____

County _____ Country _____

Phone _____ Fax _____

Website _____

Please check one: Law Firm Law List

Are any of the principals affiliated with any other business at present? (If the answer is "yes," attach complete details.) Yes No

Associate (Attorney) Applicant Section

Name _____ Title _____

Email _____

Please provide proof of your bar license for the state in which you are applying for membership.

Law list affiliations: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Lawyers Quarterly | <input type="checkbox"/> General Bar Legal Network |
| <input type="checkbox"/> The Columbia Law List | <input type="checkbox"/> Wright Holmes Law List |
| <input type="checkbox"/> The Forwarders List of Attorneys | |

Reference

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

Name of Firm _____ 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 _____

Name of Cardholder _____ Signature of Cardholder _____

Wire Transfer: Please contact IACC at iacc@commercialcollector.com for wire transfer information.

I hereby certify that I fully qualify to meet the requirements of associate 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:

Copy of current state bar license for the state in which you are applying for membership.

Reference, including email address.

Dues paid.