



Agency/Brokerage Membership Application

ASCnet use only

Member ID _____

Chapter ID _____

Chapter Name _____

Newsgroup ID _____

Leading insurance business practices through education and advocacy

Newsgroups ■ ASCnet Quarterly ■ Chapter Affiliation ■ ASCnet Tools ■ Education

Agency Information (Please Print)

Agency/Brokerage Name _____

Street Address or PO Box _____

City _____ State/Province _____ Zip+4/Postal Code _____

Applied Systems License/Serial Number _____ Software Version _____ Version Number _____ Number of Licensed Terminals _____

Parent Company Name (required for Location Subscription only) _____ ASCnet Member ID # _____

Contact Information (Please Print)

Please list all additional contacts on page 2

Main Contact Name
Prefix First Name MI Last Name Suffix Designation Title

Phone Number _____ Fax Number _____ E-mail Address _____
() ()

Principal/Owner Name
Prefix First Name MI Last Name Suffix Designation Title

Phone Number _____ Fax Number _____ E-mail Address _____
() ()

Membership & Payment Categories

ASCnet Membership dues are based on the number of terminals that are covered by the agency/brokerage license with Applied Systems. Agency/brokerage must be current with Applied Systems support. Classification is subject to verification. Please select the appropriate dues category and amount below. In addition, you may join one or more Local Chapter(s) with this application. Discover the chapter in your area by visiting www.ascnet.org/chapters; then indicate the chapter(s) of your choice in the space provided. Membership is for a 12 month period. PLEASE NOTE: To be eligible for the Location Subscription, the parent agency MUST be a current member of ASCnet.

Number of Terminals	Dues Rate
<input type="checkbox"/> 1 - 24 Terminals	\$215.00
<input type="checkbox"/> 25 - 49 Terminals	\$265.00
<input type="checkbox"/> 50 + Terminals	\$315.00
<input type="checkbox"/> Location Subscription	\$115.00

ASCnet Dues Payment Amount: \$ _____
☒ I want to join the **Central Jersey Users Grp** Chapter **NUGNJ02**

Chapter Dues Payment Amount: \$ **75.00**

Total Dues Payment Enclosed: \$ _____

CJUG renewal solicitation

Payment Information

☐ Check enclosed # _____ Please charge: ☐ American Express ☐ MasterCard ☐ VISA

Credit Card Number _____ Expiration Date _____ CVV# (3-4 digit code) _____ Cardholder Zip Code _____

Card Holder's Name (please print) _____ Signature _____

Signature

I hereby submit this application for membership in ASCnet. I understand that once my membership is accepted all employees at the above location will be eligible to participate in the ASCnet benefits. By signing this document, I indicate that I am authorized to do so, that the agency/brokerage is currently on Applied Systems support, and grant consent to ASCnet to submit any solicitation (including faxes and e-mails) to all persons sharing the fax number(s) and e-mails listed above.

Applicant's Signature _____ Date _____

Applied Systems Client Network, 801 Douglas Ave., Suite 205, Altamonte Springs, FL 32714
(407) 869-0404 ♦ Fax (407) 869-0418 ♦ www.ascnet.org

12/02/07