2010 ACCA – OHIO MEMBERSHIP APPLICATION / RENEWAL

Associate Member

Please complete and return with your payment.

COMPANY _____

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ ST OH ZIP _____

PHONE _____ FAX _____

E-MAIL _____ WEB SITE _____

Member also of:

☐ ACCA – National ☐Local ACCA Chapter _____

Associate Member Dues: **$225.00**

Branch of Member Co: **$100.00 each**

Check one:

☐ Education/tech school
☐ Wholesaler/Supplier
☐ Branches
☐ National Manufacturer
☐ Manufacturers' Rep
☐ Other
_____

Identify below the products or services that you represent:

Product Lines	Manufacturers
If additional space needed, please include	your company name on second page.

Questions: Call ACCA 1-800-353-ACCO or e-mail to rocco@accohio.org

ANNUAL DUES: $225.00

Thank You for Your Support!

Make check payable to: **ACCA of Ohio**
and mail to: 20040 Carolyn Drive
Rocky River, OH 44116