AUSTIN CONCIERGE & GUEST SERVICES ASSOCIATION

2024 Affiliate Membership Application

APPLICANT INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____ City/State/Zip

Phone: _____ Email: _____

MEMBERSHIP BENEFITS

Guest presenter once a year at monthly meeting. Discount to annual fundraisers. Present to ACGSA Board of Directors, feature on ACGSA newsletter and invitation to annual Holiday Party

2024 DUES

Annual Membership:
$500 Per Year for primary contact/applicant **$_____**

TOTAL: **$_____**

☐ Check Enclosed ☐ Please bill the credit card below in FULL

Credit Card Number:_____

Expiration Date (mm/yyyy): _____Billing Zip:_____

Security Code: _____

Name on Card:_____

Authorization Signature: _____

P.O Box 82431 – Austin, Texas 78708-2431 – Phone: (512) 296-7492

denise@acgsa.org

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ASSOCIATION AND INDUSTRY