

## **Membership Application / Renewal**

**January 1 - December 31, 2014** 

**Payment Processing Center** 

P.O. Box 150908, Alexandria, VA 22315 Phone (703) 688-2284

Fax (703) 348-7602

Credit Union Information	
Credit Union Name:	Website:
Credit Union CEO:	Toll Free Number:
Address:	
City:	ST: Zip Code:
DP Firm:	Audit Firm:
Membership Options (indicate # for each) □ New Member □ Renewal	\$200 1 <sup>st</sup> Internal Auditor Member\$200 Each Additional Internal Auditor\$200 Each Supervisory / Audit Committee Member
Primary Member Information	Privacy Information: Do not include my name in the ACUIA Directory $\Box$
First Name:	Last Name:
Title:	Phone Number: () Extension:
Fax Number*:	Email address*:
3. Name:  4. Name:  5. Name:	Email address*:  Email address*:  Email address*:  Email address*:  Email address*:
	Email address*:
	Email address*:
	Email address*:
9. Name:*  *Fax and/or email will be used for member of	Email address*:
Tax and of chair will be used for member communications.	
Payment Information Payments to ACUIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Federal Tax ID # 39-1666875	
Credit Card:	Check or Money Order Enclosed #: TOTAL: \$
Card Number:	Expiration Date: Security Number: (mo/yr) (3 digit number on back)
	(movyr) (3 digit number on back) Authorized Signature:
Cardholder Address:	Date: