



- Check Here if Renewing
- New Member

AGA Corporate Partner Membership Application

General Information

Organization _____

Address _____

City _____ State _____ Zip _____

Primary Contact (for mailings and billings)

Name _____ Title _____

Phone _____ E-mail _____

Senior Officers (for special events)

Name _____ Title _____

Phone _____ E-mail _____

Name _____ Title _____

Phone _____ E-mail _____

Name _____ Title _____

Phone _____ E-mail _____

Tell Us About Your Business

Business Services and/or Products Offered: _____

Who Are Your Customers? (State, Federal Government, etc.) _____

Partnership Levels of Support & Dues

Professional • Dues: \$5,000/year

Sustaining • Dues: \$2,000/year

Payment Method

Check Enclosed (payable to AGA)

Credit Card

VISA AMEX Discover MasterCard

Card Number _____ Expiration Date _____

Signature _____

Mail Completed Form and Payment to: AGA, 2208 Mount Vernon Avenue, Alexandria, VA 22301 • PH 703.684.6931 • FX 703.548.9367 • www.agacgfm.org

*Advancing
Government
Accountability*

Association
of Government
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