

Member Company Information

Company Name: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone Number (Direct Line for AADR use only): _____

Company Main Phone Number (1-800 or other): _____

Company Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Company Email: _____

Website that will have AADR logo: _____

All the above fields are required information. Thank you.

MEMBER CONTACT INFORMATION

COMPANY INFORMATION		
Company Name:		
Current Address:		
City:	State:	Zip Code:
PRIMARY CONTACT (all membership emails)		
Name/Title:		
Phone:		
Email:		
ACCOUNTING/BILLING CONTACT (invoices & dues)		
Name/Title:		
Phone:		
Email:		
COMPLIANCE CONTACT (regulatory, policies, procedures, etc.)		
Name/Title:		
Phone:		
Email:		
MARKETING CONTACT (website, marketing promotional topics)		
Name/Title:		
Phone:		
Email:		
CONSUMER COMPLAINTS CONTACT		
Name/Title:		
Phone:		
Email:		

MEMBER COMMUNICATION DISTRIBUTION LIST (in addition to above names)
(General Member Updates, Member Newsletters, Conference Emails, etc.)

Name/Title:
Phone:
Name/Title:
Phone:
Name/Title:
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Name/Title:
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Insert additional page if needed. Thank you.