



# AAM Membership Application

First Name	Last Name	
Company	Title	
Address	City, State, ZIP	Country
Phone	Fax	E-mail

Please take a few minutes to answer the following questions. Your response will help us as we continually strive to improve the benefits of membership. In addition, we will use this information as part of the online member directory, which serves as an additional resource for member sharing.

- Number of employees in company. \_\_\_\_\_
- Number of Partners. \_\_\_\_\_
- Number of offices. \_\_\_\_\_
- To whom do you report to. (title) \_\_\_\_\_
- Name of Managing Partner. \_\_\_\_\_
- Approximately what percentage of your firm's gross annual revenues is dedicated to the marketing budget? \_\_\_\_\_ %
- In what year did you begin your career in:  
Professional Marketing? \_\_\_\_\_  
Accounting Marketing? \_\_\_\_\_
- Firm Scope:  
 National     Regional     Local
- If your firm is a member of any networks or associations, list them here. \_\_\_\_\_
- How did you hear about AAM? \_\_\_\_\_
- Your Birthday. (Just for AAM Headquarters use.) mm/dd/yyyy \_\_\_\_\_

## 12. Sharing

Are you willing to share your knowledge and experience with other AAM members? If so, please indicate the areas in which you are willing to share information.

**Please check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Advertising            | <input type="checkbox"/> Proposals       |
| <input type="checkbox"/> Client Advisory Boards | <input type="checkbox"/> Publicity       |
| <input type="checkbox"/> Communications         | <input type="checkbox"/> Research        |
| <input type="checkbox"/> Database Management    | <input type="checkbox"/> Sales/Training  |
| <input type="checkbox"/> Direct Mail            | <input type="checkbox"/> Seminars/Forums |
| <input type="checkbox"/> Firm Brochures         | <input type="checkbox"/> Special Events  |
| <input type="checkbox"/> Marketing Culture      | <input type="checkbox"/> Surveys         |
| <input type="checkbox"/> Marketing Plan         | <input type="checkbox"/> Trade Shows     |
| <input type="checkbox"/> Newsletter-External    | <input type="checkbox"/> Web Sites       |
| <input type="checkbox"/> Newsletter-Internal    |  |

## 13. Niches and Specialties

Please indicate your willingness to share information with other AAM members about your firm's particular niches or specialties. **Please check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Advertising              | <input type="checkbox"/> Insurance              |
| <input type="checkbox"/> Agriculture              | <input type="checkbox"/> International          |
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Auto Dealerships         | <input type="checkbox"/> Litigation Support     |
| <input type="checkbox"/> Banking                  | <input type="checkbox"/> Manufacturing          |
| <input type="checkbox"/> Construction             | <input type="checkbox"/> Not-for-profit         |
| <input type="checkbox"/> Convalescent Centers     | <input type="checkbox"/> Operational Audit      |
| <input type="checkbox"/> Country Clubs            | <input type="checkbox"/> Public/Media Relations |
| <input type="checkbox"/> Credit Union             | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Entertainment            | <input type="checkbox"/> Retail                 |
| <input type="checkbox"/> Equine                   | <input type="checkbox"/> Service Industries     |
| <input type="checkbox"/> Family Owned Business    | <input type="checkbox"/> Small Business         |
| <input type="checkbox"/> Financial                | <input type="checkbox"/> Utilities              |
| <input type="checkbox"/> Government               | <input type="checkbox"/> Web Assurance          |
| <input type="checkbox"/> Hospital/Health          | <input type="checkbox"/> Winery                 |
| <input type="checkbox"/> Hospitality/Restaurant   |   |

Send payment and application to:

**ASSOCIATION FOR ACCOUNTING MARKETING**  
15000 Commerce Parkway Suite C, Mt. Laurel, NJ 08054



# AAM Membership Application

## Membership Categories

Please check the appropriate membership category.

**Executive Member**

In-house marketing executive whose sole responsibility is the marketing of accounting and consulting services and marketing-related activities in an accounting and consulting firm.

Dues: \$275 Annually + \$50 Initiation

**Associate Member**

Other in-house accounting firm personnel, including CPAs, firm administrators and sales professionals whose responsibilities include marketing.

Dues: \$275 Annually + \$50 Initiation

**Affiliate Member**

Includes consultants and vendors to the accounting profession, individuals involved in marketing businesses, organizations or associations (other than accounting); or providers of other goods and services to the accounting profession; or members of the media and/or others interested in marketing of accounting services.

Dues: \$275 Annually + \$50 Initiation

**Educator/Student Member**

Individuals involved in accounting marketing at colleges and universities, educators or students.

Dues: \$150 Annually + \$50 Initiation



## Method of Payment

**Credit Card:**

American Express

MasterCard

VISA

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Joining year dues are pro-rated (\$22.92 per month) plus one time \$50 initiation fee.

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Check:** \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Make checks payable in US funds to AAM.

Send payment and application to:

**ASSOCIATION FOR ACCOUNTING MARKETING**  
15000 Commerce Parkway Suite C, Mt. Laurel, NJ 08054

856.380.6850

• 856.439.0525

• E-mail: [info@accountingmarketing.org](mailto:info@accountingmarketing.org)