



# Association of Contingency Planners

## ORGANIZATION MEMBERSHIP APPLICATION

In order to better serve our members, ACP provides a membership type for organizations and companies who do not permit their employees to hold individual memberships, or who wish to take advantage of single invoicing and membership transferability.

Each organizational membership is entitled to carry up to 5 individuals, one of which should be designated as the Primary Member. The Primary Member serves as the main point of contact and membership administrator for the group. Individuals carried by the organizational membership will receive their own ACP membership card, online access credentials and certain other member benefits.

Members may belong to different chapters, or, if they live more than 50 miles away from an established chapter, they may be designated as a General Member. Organizational memberships are transferable to other individuals within the organization, should staffing changes arise during the membership term.

Please complete all sections of the application form below. Note: all individuals associated with the Organizational Membership **must** sign the ACP Code of Ethics. Once your membership form is submitted, all members will receive confirmation via e-mail that the application has been processed. At that time, members will be asked to verify their membership profile online.

**QUESTIONS?** Call ACP Headquarters 414-908-4943, Ext. 450 or TOLL-FREE 800-445-4ACP, Ext. 450

### ACP CHAPTER LIST

Alamo (San Antonio)	Hampton Roads (Virginia)	Old Dominion (Richmond)
Arkansas (Little Rock)	Liberty Valley (Philadelphia)	Orange County (California)
Atlanta	Long Island	Pittsburgh Tri-State
Capital of Texas (Austin )	Los Angeles (California)	Sacramento
Central Arizona (Phoenix)	Michigan	San Diego (California)
Central Maryland	Mid-Florida (Orlando)	San Francisco Bay Area
Colorado Rocky Mountain (Denver)	Mid Penn (Harrisburg)	SE FL (Miami/Broward/Palm)
Connecticut	Mid-South (Memphis)	Southeast Louisiana (New Orleans)
Eastern Great Lakes (Buffalo-Rochester-Syracuse)	Middle Tennessee (Nashville)	Sioux Empire (South Dakota)
First State (Delaware)	North Texas (Dallas)	South Texas (Houston)
Florida Capital Region (Tallahassee)	Northeast Florida (Jacksonville)	Texas Panhandle (Amarillo)
Garden State (New Jersey)	Northern Illinois	Utah (Salt Lake City)
Greater Boston	NY Capital Region (Albany)	Washington DC—Mid-Atlantic
Greater Tampa Bay Area, Florida	New York City Metro	
Gulf Coast	Oklahoma (Okla. City/Tulsa)	

**ORGANIZATION/COMPANY NAME:** \_\_\_\_\_

**PRIMARY MEMBER INFORMATION (please print):**

First Name: _____	Last Name: _____
Title: _____	Certifications: _____
E-mail Address (required): _____	Alternate E-mail: _____
Address Line 1: _____	Address Line 2: _____
City: _____	State/Province: _____
ZIP/Postal Code: _____	Country: _____
Primary Phone: _____	
Chapter Designation: _____	



<b>ADDITIONAL MEMBER 1 INFORMATION (please print):</b>			
First Name:	_____	Last Name:	_____
Title:	_____	Certifications:	_____
E-mail Address (required):	_____	Alternate E-mail:	_____
Address Line 1:	_____	Address Line 2:	_____
City:	_____	State/Province:	_____
ZIP/Postal Code:	_____	Country:	_____
Primary Phone:	_____	Fax:	_____
Chapter Designation: _____			
<b>ADDITIONAL MEMBER 2 INFORMATION (please print):</b>			
First Name:	_____	Last Name:	_____
Title:	_____	Certifications:	_____
E-mail Address (required):	_____	Alternate E-mail:	_____
Address Line 1:	_____	Address Line 2:	_____
City:	_____	State/Province:	_____
ZIP/Postal Code:	_____	Country:	_____
Primary Phone:	_____	Fax:	_____
Chapter Designation: _____			
<b>ADDITIONAL MEMBER 3 INFORMATION (please print):</b>			
First Name:	_____	Last Name:	_____
Title:	_____	Certifications:	_____
E-mail Address (required):	_____	Alternate E-mail:	_____
Address Line 1:	_____	Address Line 2:	_____
City:	_____	State/Province:	_____
ZIP/Postal Code:	_____	Country:	_____
Primary Phone:	_____	Fax:	_____
Chapter Designation: _____			
<b>ADDITIONAL MEMBER 4 INFORMATION (please print):</b>			
First Name:	_____	Last Name:	_____
Title:	_____	Certifications:	_____
E-mail Address (required):	_____	Alternate E-mail:	_____
Address Line 1:	_____	Address Line 2:	_____
City:	_____	State/Province:	_____
ZIP/Postal Code:	_____	Country:	_____
Primary Phone:	_____	Fax:	_____
Chapter Designation: _____			



**METHOD OF PAYMENT**

Full payment must accompany this completed application form. ACP Federal ID#: 33-0049513

- 5 members (same employer), \$500 for 1 year
- 5 members (same employer), \$950 for 2 years - essentially a 5% discount
- 5 members (same employer), \$1350 for 3 years - essentially a 10% discount

For ease of applying and making payment via credit card, visit our website at <http://www.acp-international.com/app-info.html>.

- Check Enclosed:** Made payable to “ACP.”
- Please charge my credit card:**  Visa  MasterCard  AMEX  Discover/Novus

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Security Code (as it appears on your credit card): \_\_\_\_\_

Name as it appears on your card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized Card Holder Signature: \_\_\_\_\_



**ACP CODE OF ETHICS**

The primary goal of the Association of Contingency Planners (ACP) is to provide a powerful network for the advancement of the business continuity industry and the development of continuity professionals. To achieve this goal, members of the Association must reflect the highest standards of ethical conduct. Therefore, ACP has established the following Code of Ethics and requires its observance as a requisite for membership and affiliation with ACP. Members who fail to observe the code of ethics will be subject to loss of membership.

As an applicant for membership and as a member of ACP, I will:

- Perform all professional activities and duties in accordance with all applicable laws and the highest ethical principles;
- Maintain appropriate confidentiality of proprietary or otherwise sensitive information from all sources encountered in the course of professional activities;
- Fulfill professional responsibilities with diligence and honesty;
- Use the ACP membership list for ACP business only and not furnish the membership list to non-members without the written permission from the ACP Corporate Board of Directors;
- Refrain from any activities which might constitute a conflict of interest or otherwise damage the reputation of the continuity profession or ACP; and
- Not intentionally injure or impugn the professional reputation or practice of colleagues, clients, or employers.

My signature below also indicates that I have read and understand the ACP Code of Ethics.

I understand that willful violation of the ACP Code of Ethics may result in revocation of my membership, as determined by the Chapter Executive Committee and/or the Corporate Board of Directors.

All organizational members must sign the ACP Code of Ethics. Please provide signatures from all members registered above:

_____ Primary Member	_____ Date
_____ Additional Member1	_____ Date
_____ Additional Member2	_____ Date
_____ Additional Member3	_____ Date
_____ Additional Member4	_____ Date

**SEND/FAX TO:** ACP Headquarters, 7044 South 13th Street, Oak Creek, WI 53154, Fax: 414-768-8001  
**QUESTIONS?** Call ACP Headquarters 414-908-4940, Ext. 450 or TOLL-FREE 800-445-4ACP, Ext. 450