



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

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:			



ADDITIONAL MEMBER 1 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:	_____	Fax:	_____
Chapter Designation: _____			

ADDITIONAL MEMBER 2 INFORMATION (please print):

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: _____			

ADDITIONAL MEMBER 3 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:	_____	Fax:	_____
Chapter Designation: _____			

ADDITIONAL MEMBER 4 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:	_____	Fax:	_____
Chapter Designation: _____			



METHOD OF PAYMENT

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

Organizational Membership 1-5 Members, Each Member \$100 for 1 year

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 following Code of Ethics adopted by the Association of Contingency Planners shall govern the conduct of all members, member representatives, and invited guests. It is understood that anything of a sensitive and/or proprietary nature mentioned in ACP meetings, at ACP activities or written in ACP minutes or materials shall remain confidential and be handled as such. All members and guest attendees, in conjunction or connection with any or all ACP activities shall:

- Conduct themselves and their activities in a professional business manner.
Abide by the Corporate and Chapter charters, bylaws and policies of the ACP.
Properly register at all ACP meetings and activities.
Not engage in sales activities or solicitation.
Not conduct any other activity contrary to the purposes and objectives of the ACP.
Not distribute any materials or post displays of any kind at ACP activities without the prior approval of Corporate Board and/or Chapter Executive Committee.
Not engage in any form of personnel recruitment.
Not use the ACP name other than in the conduct of ACP business, as determined by the bylaws and/or the Board of Directors.
Be prohibited from the use of the ACP membership list, mailing list or any subsets thereof, except for ACP business.
Membership lists are not to be furnished to non-members without the written permission of the ACP Board of Directors.
Members who fail to observe this policy will be subject to loss of membership.
Restrict the use of ACP proprietary documents to the use(s) defined by the policies and procedures of the ACP and/or the Board of Directors.
Not publicly disclose verbal or written information pertaining to ACP business without prior written approval of the Board of Directors.

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:

Table with 2 columns: Member Name and Date. Rows include Primary Member, Additional Member1, Additional Member2, Additional Member3, and Additional Member4.

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