



Association of Contingency Planners

INDIVIDUAL MEMBERSHIP APPLICATION

CONTACT INFORMATION (please print):

First Name: _____	Last Name: _____
Title: _____	Organization: _____
E-mail Address (required): _____	Alternate E-mail: _____
Address 1: _____	Address 2: _____
City: _____	State/Province: _____
Zip/Postal Code: _____	Country: _____
Primary Phone: _____	Fax: _____
Certifications: _____	

HOW DID YOU HEAR ABOUT ACP?

<input type="checkbox"/> Referred by current member	<input type="checkbox"/> ACP Web Site	<input type="checkbox"/> Conference/Symposium
<input type="checkbox"/> Chapter	<input type="checkbox"/> Magazine/Newsletter	<input type="checkbox"/> ACP Letter
<input type="checkbox"/> Kick-off meeting e-mail	<input type="checkbox"/> Other: please indicate: _____	

TYPE OF MEMBERSHIP (check only one box):

Chapter Member \$_____ (See reverse for dues amount) Chapter Affiliation _____

General Member (no chapter affiliation) \$100.00 -- available only for those members 50 miles or more from the nearest chapter.

METHOD OF PAYMENT

Full payment in US dollars must accompany this completed application form. ACP Federal ID#: 33-0049513. Membership dues are non-refundable. For application and payment via credit card, you may also 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): _____

Signature: _____

ACP CODE OF ETHICS

I have read and understand the ACP Code of Ethics (listed on reverse). 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.

Signature and Date: _____ / _____ / _____

Once your membership form is submitted, you will receive confirmation via e-mail that it has been processed. At that time, you will be asked to verify your membership profile online.

SEND/FAX TO: ACP Headquarters, 7044 South 13th Street, Oak Creek, WI 53154, Fax: 414-768-8001

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



ACP CHAPTER DUES

Each Chapter establishes their Annual local membership fee, as listed below, which includes \$50 for Corporate ACP dues.

Alamo (San Antonio)	\$85	Middle Tennessee (Nashville)	\$90
Arkansas (Little Rock)	\$100	North Texas (Dallas)	\$90
Atlanta	\$75	Northeast Florida (Jacksonville)	\$85
Capital of Texas (Austin)	\$86	Northern Illinois	\$85
Central Arizona (Phoenix)	\$80	NY Capital Region (Albany)	\$75
Central Maryland	\$85	New York City Metro	\$100
Colorado Rocky Mountain (Denver)	\$100	Oklahoma (Okla. City/Tulsa)	\$100
Connecticut	\$75	Old Dominion (Richmond)	\$75
Eastern Great Lakes (Buffalo-Rochester-Syracuse)	\$75	Orange County (California)	\$100
First State (Delaware)	\$75	Pittsburgh Tri-State	\$75
Florida Capital Region (Tallahassee)	\$75	Sacramento	\$75
Garden State (New Jersey)	\$75	San Diego (California)	\$100
Greater Boston	\$75	San Francisco Bay Area	\$100
Greater Tampa Bay Area, Florida	\$100	Sioux Empire (South Dakota)	\$75
Hampton Roads (Virginia)	\$75	SE FL (Miami/Broward/Palm)	\$75
Liberty Valley (Philadelphia)	\$75	Southeast Louisiana (New Orleans)	\$75
Long Island	\$100	South Texas (Houston)	\$90
Los Angeles (California)	\$100	Texas Panhandle (Amarillo)	\$75
Michigan	\$75	Utah (Salt Lake City)	\$90
Mid-Florida (Orlando)	\$100	Washington DC—Mid-Atlantic	\$85
Mid Penn (Harrisburg)	\$75	Washington State (Seattle)	\$100
Mid-South (Memphis)	\$80		

If you live 50 miles or more from the nearest chapter, you may apply as a General Member. Dues for both domestic and international General Members are \$100.00 USD annually.

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.