



## Associate Membership Renewal Form

Please review your company profile on the AZNHA website. If your business has experienced changes that are not reflected on this profile, please note those changes below.

### A. Renewing Member Information:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Primary contact person name: \_\_\_\_\_

Email Address: \_\_\_\_\_ URL: \_\_\_\_\_

### B. Owners, Officers, Management (Only if changes from last year)

Name Title Name Title

Name Title Name Title

### C. List other office locations. (Only if not currently listed on AZNHA website.)

Primary contact name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### D. Services Offered: (Only if changes, please provide short summary of services offered)

### E. Other changes: If your company has had other changes within the last year, please detail below.

Signature of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_



## AZNHA Membership Payment form

***Annual membership dues are \$300 per Member Company.***

***If paying by check, please complete only the Notes portion of this page.***

**Member Identification:**

Company Name: \_\_\_\_\_

Primary contact person name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Information:**

By Check (payable to AZNHA)       by Credit Card (complete the form below)

**Credit Card Information:**

Card holder name \_\_\_\_\_ Phone \_\_\_\_\_

CC billing address: \_\_\_\_\_  
Street address City State Zip

Email address \_\_\_\_\_

Card Type:  Visa     MasterCard     AmEx      Amount paid: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      CSC # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** If primary contact and cardholder are not the same, please let us know to what email the PayPal receipt should sent.

Primary Contact       Cardholder

Do you wish to receive an AZNHA receipt for this charge (sent via email)?     Yes     No

Do you wish to receive a supply of AZNHA brochures?       Yes     No

Do you wish to receive a 2019 AZNHA window cling sign?       Yes     No

**Note:** Credit card payments can only be made from this form. AZNHA uses PayPal for credit card processing. Once PayPal has advised the payment has been accepted, all credit card information is blacked out from this, or any other form. No credit card information will ever be kept on file at AZNHA. If you do not want to email your credit card number, please note that in the Card # area and we will call you for that number.