



2020 COMMERCIAL MEMBERSHIP APPLICATION

(MAY BE COMPLETED ONLINE IF USING CREDIT CARD)

(www.actha.org)

COMPANY INFORMATION (Please type or print.)

(This information will be used for the online directory.)

Company Name _____

Products/Services Offered _____

Company Address _____
Street City State Zip

Primary Contact Name _____

Primary Company Contact Email _____

Phone _____

Additional Company Contact Name _____ Email _____

BASIC COMMERCIAL MEMBERSHIP - \$395 **** (PRORATED EFFECTIVE 7/1/20 THROUGH 12/31/20 --\$197.50) ****

- Directory Listing (3 Lines Text)
- Two Company Contacts
- Discounted Event/Tradeshow Registration

TOTAL DUE _____ DATE _____ SIGNATURE _____

****PAYMENT INFORMATION**

Enter Credit Card Info Online (www.actha.org)

OR

Send Check Payable to ACTHA with Copy of Application Form to:

276 E. Deerpath #640

Lake Forest, IL 60045

Echecks - Jdbutler06@gmail.com

