



Specialty Advertising Association of California

Application for Membership

1200 Paseo Camarillo #100

Camarillo, CA 93010

805 484-7393 OFFICE / 805 388-7666 FAX

membership@saac.net

Company Name:		Subsidiary of (if applicable):	
Address:			
City:		State:	Zip:
Phone Number:	FAX:	(800) Number:	
Name of Official SAAC Delegate:		E-Mail (Delegate):	
E-Mail (General, if different):		Website:	
PPAI Number:		ASI Number:	
Membership Classification:			
<input type="checkbox"/> Distributor <input type="checkbox"/> Supplier <input type="checkbox"/> Multi-Line Representative <input type="checkbox"/> Business Services			

If accepted for membership in the Specialty Advertising Association of California, our company agrees to conform to the bylaws of the Association.

Signature (Officer/Owner)

Print Name

Date

Annual Dues: \$125.00 (Dues are for calendar year and not pro-rated.)

Charge my Credit Card

Check Enclosed (mail to SAAC office)

Card Number:		Exp. Date:	
Security Code:		Name on Card:	
Billing Address (for this card):			
City:		State:	
		Zip:	
Signature of Card Holder:			

Please note, your credit card will not be charged/check will not be deposited until your membership has been approved by the Board.