



Corporate Membership Application Form

ACCA membership is valid during the Association's membership year which runs from July 1 to June 30 of the following year. Although memberships are only renewed annually, memberships for new members can be obtained at any time and are pro-rated semi-annually.

Corporate Membership (Voting) - \$250 plus 5% GST

This membership is open to any company operating a call centre or supplying goods and services to the call centre industry in Alberta. **It allows for the appointment of one voting member and up to four other affiliate members for any one company.** Additional affiliate memberships can also be purchased, if required, for \$50 plus 5% GST per additional affiliate member.

Corporate Membership @ \$250.00 / yr
(includes 1 voting member and 4 affiliate members) = **\$250.00**

Additional Affiliate Membership(s)
(ONLY if requesting more than 4 affiliate members) _____ @ \$ 50.00 / yr = \$ _____

Please add 5% GST,
unless your company is GST Exempt (87331 8117 RT0001): = \$ _____

Total Amount Payable: = \$ _____

Method of Payment:

VISA _____ MasterCard _____ Cheque _____ Money Order _____

Name as it appears on Credit Card: _____

Card Number: _____ Expiry Date: _____

Signature of Authorized Card Holder: _____

***For payments being made by Cheque or Money Order, please mail with Membership Application to address below. Please note that payments must accompany application in order to be processed.**

This is your **invoice and membership application form**. Please **keep a copy of this form for your records**.

Alberta Call Centre Association Membership

#200, 6 Crowfoot Circle NW
 Calgary, AB T3G 2T3

***If paying by credit card you can fax your application to (403) 541-0915 Attn: Greg McPherson**

Please complete the following membership information:

CORPORATE VOTING MEMBER

Company Name: _____

Contact Name (**Voting Member**): Last: _____ First: _____

Business Title: _____

Business Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

of seats in your call centre: _____

Type of Business: _____

Is your Call Centre primarily: Inbound _____ Outbound _____ Blended _____

If you are a vendor, please list your service/product offering(s) that apply to the call centre industry:

My contact information, as listed above, made available to other members (membership directory, vendors, etc.)

_____ **YES** _____ **NO** **Member's Initials** _____

I **prefer** to receive my communications from the ACCA by: _____ email _____ fax _____ traditional mail

Please complete the next page to list four (4) additional affiliate members (included with your corporate membership).

CONFIRMATION OF MEMBERSHIP AND LOGIN to ACCA WEBSITE

The ACCA will email the VOTING MEMBER a confirmation of your Membership Application / Renewal and will provide a username and password to log into the members only page of the ACCA website.

Please note, ONLY members listed as VOTING members will be provided with a username and password to access the member's area on the ACCA website. Affiliate Members can gain access to the member's area by using the Voting Member's login information or by contacting the ACCA office (1-877-843-4532 or info@abccallcentre.com) to be assigned their own unique username and password.

CORPORATE AFFILIATE MEMBERS (four affiliate members can be listed under your corporate membership):

Contact Name: Last: _____ First: _____

Business Title: _____

Business Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

My contact information, as listed above, made available to other members (membership directory, vendors, etc.)

_____ **YES** _____ **NO** **Member's Initials** _____

I *prefer* to receive communications from the ACCA by: _____ email _____ fax _____ traditional mail

Contact Name: Last: _____ First: _____

Business Title: _____

Business Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

My contact information, as listed above, made available to other members (membership directory, vendors, etc.)

_____ **YES** _____ **NO** **Member's Initials** _____

I *prefer* to receive communications from the ACCA by: _____ email _____ fax _____ traditional mail

Contact Name: Last: _____ First: _____

Business Title: _____

Business Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

My contact information, as listed above, made available to other members (membership directory, vendors, etc.)

_____ **YES** _____ **NO** **Member's Initials** _____

I *prefer* to receive communications from the ACCA by: _____ email _____ fax _____ traditional mail

Contact Name: Last: _____ First: _____

Business Title: _____

Business Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

My contact information, as listed above, made available to other members (membership directory, vendors, etc.)

_____ **YES** _____ **NO** **Member's Initials** _____

I *prefer* to receive communications from the ACCA by: _____ email _____ fax _____ traditional mail
