



Agency/Brokerage Membership Application

801 Douglas Ave., Suite 205, Altamonte Springs, FL 32714
(407) 869-0404 • Fax (407) 869-0418 • www.ascnet.org

Agency Information			
Agency/Brokerage Name		Member ID # (ASCnet use only)	
Street Address or PO Box			
City	State/Province	Zip+4/Postal Code	
Applied Systems License/Serial Number	Software Version	Version Number	Number of Licensed Terminals
Parent Agency/Brokerage Name (required for Location Subscription only)			ASCnet Member ID #

Contact Information						
Main Contact Name						
Prefix	First (Given) Name	Middle Name or Initial	Nickname	Last Name	Suffix	Designation
Phone Number		Fax Number		E-mail Address		
()		()				
Principal/Owner Name						
Prefix	First (Given) Name	Middle Name or Initial	Nickname	Last Name	Suffix	Designation
Phone Number		Fax Number		E-mail Address		
()		()				

Membership & Payment Categories

ASCnet Membership dues are based on the number of terminals that are covered by the agency/brokerage license with Applied Systems. Agency/brokerage must be current with Applied Systems support. Classification may be subject to verification. Please select the appropriate dues category and amount below. In addition, you may join one or more Local Chapters with this same application. Simply indicate the chapter(s) of your choice in the space provided. Membership is for a 12 month period. PLEASE NOTE: To be eligible for the Location Subscription, the parent agency MUST be a current member of ASCnet in good standing. This will be verified before application is processed.

Number of Terminals _____	Dues Rate	ASCnet Dues Payment Amount: \$ _____
<input type="checkbox"/> 1 – 24 Terminals	\$210.00	Chapter Dues Payment Amount: _____
<input type="checkbox"/> 25 - 49 Terminals	\$260.00	Total Dues Payment Enclosed: \$ _____
<input type="checkbox"/> 50 + Terminals	\$310.00	Chapter ID _____
<input type="checkbox"/> Location Subscription	\$110.00	Chapter Name _____
<input type="checkbox"/> Please send me more information about the local chapter in my area		

Payment Information

<input type="checkbox"/> My check is enclosed	Please charge my	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number _____	Expiration Date _____	Cardholder Zip Code _____		
Card Holder's Name (please print) _____	Signature _____			

Signature

I hereby submit this application for membership in ASCnet. I understand that once my membership is accepted all employees at the above location will be eligible to participate in the ASCnet benefits. By signing this document, I indicate that I am authorized to do so, that the agency/brokerage is currently on Applied Systems support, and grant consent to ASCnet to submit any solicitation (including faxes and e-mails) to all persons sharing the fax number(s) and e-mails listed above.

Applicant's Signature _____ Date _____