CINCINNATI SOCIETY OF ASSOCIATION EXECUTIVES

2010 Membership Application/Renewal

I am applying/renewing for

☐ Regular Membership $40.00

☐ Associate Membership $40.00

To the CSAE Board of Directors: I hereby apply/request renewal for membership in the Cincinnati Society of Association Executives and, if accepted, agree to support the objectives of the Society and to pay the prescribed dues and fees.

_____ _____

Signature Date

_____

Sponsor (CSAE Member), if any

Name: _____

First M.I. Last

Position or Title: _____ Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Description of your organization's activities: _____

_____

Mail completed form along with check payable to the **Cincinnati Society of Association Executives** to:

Patty Gibson, CSAE Secretary
Kings Island Resort and Conference Center
5691 Kings Island Drive
Mason, OH 45040