



Group account information

Company name _____

Address _____

Telephone _____ Email _____

Name of group admin _____

Group members

Name	Email
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

For any additional members, please provide a full list in an email or seperate document.

Payment type

Check mailed to: AIGA, Lockbox 9155
PO Box 70280
Philadelphia, PA 19176

Credit Card American Express
 Mastercard
 Visa

Card number _____

Expiration _____ CVV _____