



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 separate document.

Payment type

Check mailed to: AIGA, 222 Broadway, 19th floor
New York, NY 10038

Credit Card American Express
 Mastercard
 Visa

Card number _____

Expiration _____ CVV _____