



Affiliate Member Application and Agreement

For suppliers of goods & services to the credit and collection industry • 2012

This application is for suppliers of goods and services to the credit and collection industry. Your membership investment gives you access to information and resources at discounted rates to help your company reach decision-makers and gain recognition in the industry.

- If your company performs services related to the collection industry such as third-party consumer debt collection, billing or collecting on purchased assets, please request the required Agency member application.
- If you collect only for your own company and not for other businesses, ask about ACA's Creditors International (CI) Division, which offers membership for professionals in the credit management and lending industry.
- If your company buys, sells, finances or facilitates asset sale transactions and does not collect debt, ask about membership in ACA's Asset Buyers Division.

Apply at any time

- ACA's membership year is Jan. 1 – Dec. 31. If you apply mid-year, you still pay full annual dues. If a prorated credit applies when your membership is made effective, it will be reflected on your next year's renewal statement.

How to apply

1. Complete application. Type or print clearly and sign. The person signing agrees to the terms and conditions of this Affiliate Member Application and Agreement.
2. Return the completed application with payment. The application is complete only when payment and responses from references are received (see page 2).
3. Applications paid by credit card may be faxed to (952) 915-3955 or scanned and e-mailed to membership@acainternational.org.

Receipt confirmation will be sent within one business day. If you don't receive confirmation, please resend or contact us at (952) 928-8000, ext. 206.

Send to:

Membership Department
ACA International
4040 W 70th St.
Minneapolis, MN 55435-4104
United States of America

ACA's governing documents

- Applicants and members agree to abide by the ACA International Bylaws, Standard Operating Procedures, Policies and Procedures, Code of Ethics and Code of Operations, and Procedural Rules for the Ethics Committee. Copies of the ACA International Code of Ethics and Code of Operations are included at the end of this application. All other ACA documents are available for review at <http://www.acainternational.org>, select "About ACA" and "Leadership & Governance".

Questions?

- ACA's Membership Department is happy to answer your questions about ACA member benefits or the application process. Contact us at (952) 928-8000, ext. 206 or membership@acainternational.org.



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Please notify ACA International if any of the information you provide changes after submitting this application

ACA USE ONLY

ID# _____

Section A: Applicant (Company) Information

1. **Date of application** _____

2. **Business name:** *The name applicant wants used in ACA membership record and directory.*

Company legal name: *The name under which applicant is incorporated or organized.*

3. **Physical location address:** *The street address where applicant is physically located; the "ship to" address used by delivery services*

Address _____

City _____ State _____ ZIP Code _____ + _____

4. **Preferred mailing address or P.O. Box:** *The address at which applicant wants to receive mail from ACA, if different than physical location address.* _____

City _____ State _____ ZIP Code _____ + _____

5. **Company phone** (_____) _____

6. **Company fax** (_____) _____

7. **Company website** _____

8. **Briefly list the primary services or products your business provides to credit or collection companies:**

9. **How did you find out about ACA affiliate membership?**

ACA website Promotional mailing, e-mail or trade show

Referral from an ACA member (name and company) _____

Other source (please specify) _____

Section B: References

Complete contact information for three references is required. Credit or collection companies, or other businesses you currently serve, are preferred.* A short five-question form that takes approximately two to three minutes to complete is e-mailed or faxed to each reference. Your application is complete only when responses from your references have been received.

**If your company is new you may list non-client business or professional references.*

Please indicate number of months in business: _____

1) Company Name _____

Address _____

City _____ State _____ ZIP Code _____ + _____

Contact name _____ Miss Mr. Mrs. Ms. Dr.

Contact Title _____

Telephone Number _____ Fax Number _____

E-mail _____

This is a: Client Reference Business Reference (see note above)

2) Company Name _____

Address _____

City _____ State _____ ZIP Code _____ + _____

Contact name _____ Miss Mr. Mrs. Ms. Dr.

Contact Title _____

Telephone Number _____ Fax Number _____

E-mail _____

This is a: Client Reference Business Reference (see note above)

3) Company Name _____

Address _____

City _____ State _____ ZIP Code _____ + _____

Contact name _____ Miss Mr. Mrs. Ms. Dr.

Contact Title _____

Telephone Number _____ Fax Number _____

E-mail _____

This is a: Client Reference Business Reference (see note above)

Section C: Contact Person(s) for ACA Membership Benefits

1. **Ethics Contact.** *Required. The on-site person applicant designates to receive, handle and respond to complaints (if any). This name will be included in your company's online member directory listing.*

Print name _____ Miss Mr. Mrs. Ms. Dr.

Position Title _____

Direct phone _____

Direct fax _____

Direct e-mail* _____

2. **Main Contact.** *Required. The on-site person applicant designates as ACA primary contact to receive all ACA member mail, faxes and e-mail, and who can determine which ACA materials are best forwarded or routed to another individual in the company.*

Print name _____ Miss Mr. Mrs. Ms. Dr.

Position Title _____

Direct phone _____

Direct fax _____

Direct e-mail _____

3. **Tradeshaw Contact.** *Required. The person applicant designates as ACA primary contact regarding participation in ACA vendor expos.*

Print name _____ Miss Mr. Mrs. Ms. Dr.

Position Title _____

Direct phone _____

Direct fax _____

Direct e-mail* _____

4. **Preferred Billing Contact.** *Optional. The person applicant designates to receive ACA invoices including membership renewal statements (if different than the main contact).*

Print name _____ Miss Mr. Mrs. Ms. Dr.

Position Title _____

Billing address _____

City _____ State _____ ZIP Code _____ + _____

Direct phone _____

Direct fax _____

Direct e-mail* _____

**E-mail addresses, if provided, must be unique to each individual.*

ACA's database and website do not accept entry of a duplicate e-mail address already on file for another individual.

Section D: Affiliate Member Directory Listing

Your company's listing in ACA's member directory at <http://www.acainternational.org/memberdirectory> is complimentary. ACA sets up your initial listing using the information below. When your application is approved, a member login and password is sent with instructions on how to update your listing online at any time. For a small additional fee, you may enhance your listing by requesting preferred placement or by adding your logo, a company description or additional descriptive lines.

Company to be listed in ACA Online Member Directory? Yes No

Business name _____

Directory contact name _____

Position title _____

Phone to list in directory _____

Fax to list in directory _____

E-mail to list in directory _____

Website address _____

Category/Descriptive Lines.

As a member you are given five free descriptive lines to help others locate your company when searching the member directory by "categories." To ensure your listing appears in the results for the greatest number of search types, choose any line that describes your business.

Please check up to five lines to be included in your initial listing:

- | | |
|--|---|
| <input type="checkbox"/> Automated, interactive communication | <input type="checkbox"/> Call Recording |
| <input type="checkbox"/> Check servicing | <input type="checkbox"/> Check-by-phone software |
| <input type="checkbox"/> Collection software | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Credit card processing services | <input type="checkbox"/> Credit counseling services |
| <input type="checkbox"/> Credit reporting services | <input type="checkbox"/> Credit services |
| <input type="checkbox"/> Directory assistance data and software | <input type="checkbox"/> Education/training |
| <input type="checkbox"/> Employment recruitment | <input type="checkbox"/> Forms provider |
| <input type="checkbox"/> Funds transfer services | <input type="checkbox"/> Grading software to evaluate collector performance |
| <input type="checkbox"/> IVR - Interactive Voice Response systems | <input type="checkbox"/> Law lists |
| <input type="checkbox"/> Mailing services | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Miscellaneous hardware | <input type="checkbox"/> Miscellaneous products |
| <input type="checkbox"/> Miscellaneous services | <input type="checkbox"/> Miscellaneous software |
| <input type="checkbox"/> Predictive dialer hardware/software | <input type="checkbox"/> Recording of collector calls for quality assurance |
| <input type="checkbox"/> Recording of collector phone calls for compliance | <input type="checkbox"/> Scoring services |
| <input type="checkbox"/> Skiptracing services | <input type="checkbox"/> Skiptracing software |
| <input type="checkbox"/> Support services | <input type="checkbox"/> Telecommunications equipment |
| <input type="checkbox"/> VoIP communication system | <input type="checkbox"/> Other (specify): _____ |

Section E: Membership Dues Statement/Invoice**Please consider this your invoice for
ACA International and unit membership dues.**

ACA International Dues 2012*Current until Dec. 31, 2012*

Affiliate Member Dues \$ 750.00

TOTAL \$ 750.00**1. Select Payment Option:**

- Payment Enclosed. Make check for total amount due to: ACA International
- Charge to credit card: Visa MasterCard American Express

Print name as it appears on the card _____

Account # _____ Expiration Date _____

Membership dues or fees paid to ACA International are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of an association's lobbying activities. ACA International estimates that the nondeductible portion of the national association dues—the portion allocable to lobbying—is 30 percent.

2. The undersigned, on behalf of the applicant agrees:

- a. Applicant is not substantially related to or engaged in the collection industry. That is, our company is NOT involved in third-party collections, billing and/or debt buying and is, therefore, ineligible for agency membership.
- b. Membership is not transferable and dues are not refundable.
- c. To use the Association name and logo only in full compliance with Association policies, and to cease use if membership ends or is terminated for any reason.
- d. To be bound by the ACA International Bylaws, Standard Operating Procedures, Policies and Procedures, Code of Ethics and Code of Operations, and Procedural Rules for the Ethics Committee, as these governing documents currently exist or as they may be amended by the Association.

Signature _____ Title _____

Business Name _____ Date _____