



Application for Provisional Membership

in the Association of Independent
Consumer Credit Counseling Agencies

AICCCA
PMB 626, 11350 Random Hills Road, Suite 800
Fairfax, Virginia 22030-6044
Tel: (703) 934-6118
Fax: (703) 802-0207
E-mail: assoc@aiccca.org
Web: www.aiccca.org

Organizational Information

Agency Name (central) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

800 Telephone _____ Website _____

Personal E-mail (for AICCCA updates) _____

Business E-mail (for consumer use & web) _____

Responsible Officials:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Organizational Status

State in which you are incorporated as a non-profit corporation _____
(Attach copy of the certificate of incorporation)

IRS 501 (c)(3) Tax Exemption Status: (Circle One) Yes No Applied For
(Attach copy of IRS exemption letter or application for status)

Date Founded _____ Years Under Present Management _____

No. of Active Clients _____ Prior Year Gross Expenses \$ _____
(Attach copy of the 1st 2 pages of Federal Tax return)

Number of Employees _____ Size of Office _____ Sq. Ft.

Counseling Fee \$ _____ Maximum Monthly Maintenance Fee \$ _____

Other Fees or Charges _____

Type of Bond held (Circle) Surety Performance Fidelity \$ _____

Application Agreement

I agree that the above-named Agency will abide by all of the regulations as set forth in the By-Laws of AICCCA as well as the provisional membership standards as defined in the enclosed pages of this application, and any revisions as approved by the membership or the board of trustees. I understand that failure to meet any membership standard will be grounds for denial or loss of full membership.

I also understand that this provisional membership will be granted for a period of no more than 90 days and that final membership status is subject to the approval of the AICCCA Membership Committee.

Authorized Signature Title Date



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(Continued)

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Branch / Satellite Office Information

Does your organization have branch offices? (Circle One) Yes No
(if yes, please complete the following)

Please Forward ALL agency listings (copy for continuation)

Branch Office #1 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Branch Office #2 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Branch Office #3 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Branch Office #4 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Branch Office #5 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Branch Office #6 _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____



**ASSOCIATION OF INDEPENDENT CONSUMER
CREDIT COUNSELING AGENCIES**
(A Non-Profit Corporation)

RE: AICCCA Membership information mailing

1. To ensure that we receive your AICCCA membership information, please either FedEx, DHL, or request U.S. postal service certified return receipts or any other private mail service that has tracking capability.

2. Please send FOUR copies of ALL MATERIALS.

We appreciate your cooperation in this matter.

**Suzanne A. Bingham
Executive Director**