



Supplemental Membership Application Data

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

Regulatory Data

Does your State regulate your agency in any way? (Circle): YES NO

If YES, which State agencies apply?

External Affiliations

Do you or any Director or Officer of your agency own or operate any other agency that provides credit counseling or debt adjustment service to consumers? Include any organization that provides bill paying services to the consumer. (Circle): YES NO

If YES, please list the names, full addresses, officers and telephone numbers of all such organizations on the reverse side.

AICCCA Web Site Information

Listing of Information for AICCCA Web Locator (Complete if different from Organizational information)

Agency Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 800 Telephone _____ Website _____
 Business E-mail (for consumer use) _____
 Listed as: National Agency _____ Local Agency _____

Association Point of Contact

Who will be the responsible person for Association notification purposes?

 Name of Individual _____ Title _____
 Address: _____ City _____ State _____ Zip _____
 Telephone _____ Fax: _____ Email: _____

Certification

I certify that all information presented herein and on the Provisional Membership Application previously submitted are true and accurate. I further certify that all documents attached are valid and are currently in force. I understand that any false statement or invalid document will be foundation for expulsion from AICCCA,

 Signature _____ Title _____ Date Signed _____

Supplemental Membership Application Data (Continued)

External Affiliations

Name of Organization _____		
Affiliated Individual _____		
Address _____	City _____	State _____ Zip _____
Telephone _____		Email: _____
Officers:	Name	Title
	_____	_____
	_____	_____
	_____	_____
Name of Organization _____		
Affiliated Individual _____		
Address _____	City _____	State _____ Zip _____
Telephone _____		Email: _____
Officers:	Name	Title
	_____	_____
	_____	_____
	_____	_____
Name of Organization _____		
Affiliated Individual _____		
Address _____	City _____	State _____ Zip _____
Telephone _____		Email: _____
Officers:	Name	Title
	_____	_____
	_____	_____
	_____	_____