



NORTH AMERICAN EXPORT COMMITTEE

APPLICATION FOR MEMBERSHIP

NAME _____ ADDRESS _____

_____ CITY _____

STATE/PROVINCE/ZIP _____ PHONE: _____

BUS: (____) _____ RES: (____) _____

FAX: (____) _____ EMAIL _____ AGENCY _____

_____ ADDRESS _____

_____ CITY _____

STATE/PROVINCE/ZIP _____ TITLE _____

_____ I hereby apply for

membership in the NAEC and agree to abide by the Bylaws of the

committee. SIGNATURE _____ DATE _____

Membership fee is \$50.00 (U.S.) per year. Make checks payable to NAEC and mail to:

NAEC
c/o Chris Bimonte
12750 SW 101, Terr.,
Miami, FL
33186