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THE ASSOCIATION OF COMMERCIAL STOCK IMAGE LICENSORS

630 Ninth Avenue, Suite 1012
New York, NY 10036
Tel: 917-338-6417

APPLICATION FOR FULL MEMBERSHIP

COMPANY NAME: _____
DIVISION/GROUP NAME: _____

CONTACT: _____
CONTACT ALTERNATE: _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ MOBILE _____ FAX _____
EMAIL _____ EMAIL _____

WARRANTIES AND ELIGIBILITY

- * I have read the Byelaws and agree to be bound by the Terms, Goals and Objectives of ACSIL.
- * I agree that I will sit on an ACSIL Committee (please indicate your preference) as part of my company's obligations and to the Committee based structure of the organization.
- * I understand that eligibility to run for Board Membership or as an Officer of ACSIL requires a minimum of one year as an ACSIL Committee Chair or co-chair.
- * I agree that by becoming a Full and Voting Member of ACSIL that my company name can be used in any publicity of website or other public or private announcements by ACSIL providing that all such use is strictly consistent with the promotion and furtherance of the objects and goals of ACSIL.
- * I agree that failure to pay annual Membership Fees and on notice from the Treasurer will result in suspension from ACSIL and all access to ACSIL copyright materials. Other Membership benefits may also be forfeited.
- * I hereby apply for Membership and confirm that my Company is eligible for membership under the criteria published under the Byelaws and Articles.

NAME: _____

SIGNATURE: _____

DATE: _____

SEND APPLICATIONS TO:
Jill Hawkins
ACSIL Ltd
c/o Diamond Time
630 Ninth Avenue, Suite 1012
New York, NY 10036

or by email to: Jill.Hawkins@acsil.org

PAYMENT WILL BE DUE WITHIN 30 DAYS OF RECEIPT OF ACSIL INVOICE.
PLEASE CHECK YOUR CHOICE OF PAYMENT:

CREDIT CARD _____ INVOICE _____ CHECK _____