## International Affiliate Membership Application

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## Information about your company

Company Name				
Company Address				
City	State or Province	Country	Postal or ZIP Code	
Website Address	Phone Number		Date Founded	
Mailing Address (if different)				
City	State or Province	Country	Postal or ZIP Code	
ls your company a multinational company? O Yes O No	If your company is a multinational, what is the name of your parent company?			
Who in your company will be our primary contact?		Who in your company should receive the membership invoice?		
Last/ Family Name		Last/ Family Name		
First/ Given Name		First/ Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Information about your business What type is your company?				

## Information about your leadership

Chief Executive Officer	Chief Research Officer	
Last/Family Name	Last/Family Name	
First/Given Name	First/Given Name	
Title	Title	
Phone	Phone	
Email	Email	
Chief Marketing Officer	Chief Distribution Officer	
Last/Family Name	Last/Family Name	
First/Given Name	First/Given Name	
Title	Title	
Phone	Phone	
Email	Email	
Chief Selection/Recruitment Officer	Chief Agent and Field Management Development Officer	
Last/Family Name	Last/Family Name	
First/Given Name	First/Given Name	

Chief Human Resources Officer



Title

Phone

Email

**Print Form** 

**Email Form** 



Title

Phone

Email