



WHERE COACH TRAINING ORGANIZATIONS COME TO SHARE & LEARN!

2009 Membership Renewal (Jan – Dec 2009)

Date: _____

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Annual membership fee PAID: (Check one)

Accredited Member: \$500.00 US _____

Associate Member: \$350.00 US _____

Member Names (5 for Accredited Member, 3 for Associate Member, leave blank if there are no changes):

Names	Phone:	Email:

Method of Payment:

Check # _____ Payable to **ACTO** Amount \$ _____ US Funds

VISA or M/C # _____

Name on card _____

Exp date _____ Signature: _____

Charge on credit card will appear as Michelle Jamison VA & Associates and will be in Canadian Funds equivalent to US membership fee.

MAIL: ACTO c/o Laura Sandham ~ 4392 Romfield Cres~ Mississauga, ON~ L5M 4K9~ Canada FAX: 905-828-2738