

INTERNATIONAL ASSOCIATE MEMBERSHIP in 4A's
4A's | 1065 Avenue of the Americas | New York | NY 10018



1 LEGAL NAME OF AGENCY

CONTACT	TITLE		
ADDRESS	CITY	STATE	ZIP
TELEPHONE		FAX	
E-MAIL			
WEBSITE	NUMBER OF EMPLOYEES		

DATE COMPANY ESTABLISHED: MONTH	YEAR	CURRENT TRADE ASSOCIATION, if any:
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ORGANIZATION CLASSIFICATION

☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ LIMITED LIABILITY CORPORATION

BRANCH OFFICE (IF ANY):

ADDRESS	CITY	STATE	ZIP
TELEPHONE		FAX	
E-MAIL			
WEBSITE	NUMBER OF EMPLOYEES		

2 HAS AGENCY OPERATED PREVIOUSLY UNDER ANY OTHER NAME? ☐ YES ☐ NO

IF YES, STATE FORMER NAME(S) AND DATE(S) OF CHANGES

3 OWNERSHIP DATA: PLEASE LIST OFFICERS OF AGENCY

NAME	TITLE	E-MAIL ADDRESS	OWNERSHIP, IF ANY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IS ANY OWNER NOT EMPLOYED IN THE AGENCY? ☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS: _____

ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, A TRUE AND ACCURATE REPRESENTATION OF FACT.

(SIGNED) _____ DATE _____