



ASSOCIATION OF GOVERNMENT CONTACT CENTER EMPLOYEES

www.governmentcallcenter.org

AGCCE Membership Application

There are several ways to submit your application for AGCCE membership.

1. Fill out the information requested below. Print the page(s), attach your check made payable to the AGCCE and mail to the address referenced on this form. Or,
2. Fill out information requested below. Submit the information by e-mail to sreed@nc.rr.com and then mail your check, **made payable to the AGCCE**, to the address referenced on this form. Or,
3. Fill out the information below. Submit the information by e-mail to sreed@nc.rr.com and include your credit card information on the second sheet. Confirmation of your credit card payment will be returned to you by email with the authorization code for reference. See “AGREEMENT” on page 2 below card information.

Applications are processed when the accompanying payment has been received. If you are a first time member, a separate invitation will be sent to you within 30 calendar days to join the AGCCE Google group discussion board. Thank you.

Name of City/County _____

Department/Agency _____

Address _____

City _____ State _____ Zip _____

Primary Member _____

Title _____

Work Phone _____

Fax Number _____

E-Mail _____

Please complete additional pages if you would like other individuals in your municipality (at no additional cost) to be included with the membership.

Please note: Membership fees are charged per individual city or county government unless those governments have merged. Then, only one membership fee purchase is required.

Association of Government Contact Center Employees
P.O. Box 1902
Durham, NC 27702-1902

For Credit Card Payments only:

Card Type: Visa MasterCard

Card Number: _____

Card Expiration Date: _____

AGREEMENT: Upon receipt of this form with credit card information provided and after the transaction has been processed with the authorization code given by the AGCCE merchant service provider to the AGCCE, any credit card information contained in the above section will be removed and shredded. This agreement may be subject to change if deemed necessary but only in matters as it relates to the processing of credit card payments used for membership fees to the AGCCE.

Associate Member _____

Title _____

Work Number _____

Fax Number _____

E-Mail _____

Associate Member _____

Title _____

Work Phone _____

Fax Number _____

E-Mail _____

Associate Member _____

Title _____

Work Phone _____

Fax Number _____

E-Mail _____

Membership fee is \$100 annually is per municipality (not per person).

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