

“By completing, signing and submitting this form to AIC, you indicate your consent for AIC to collect your information to process your membership; to collect your contact information for the purpose of maintaining contact with you and to send you information items related to AIC products and activities.”

Please provide your signature to indicate that you have completed this form with accurate information.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date