



## Officers Designated to Represent Membership

**Senior Membership Representative** ~ Sponsor of membership and senior spokesperson for the member company. Ensures that the member is properly represented in USCIB policy work. Receives and approves annual membership invoices.

\_\_\_\_\_  
Name Telephone number \_\_\_\_\_  
\_\_\_\_\_  
Title Fax number \_\_\_\_\_  
\_\_\_\_\_  
Email

**Key Contact** ~ (if different from above) Acts as the main point of contact for day-to-day communications with the USCIB. Coordinates membership in terms of identifying areas of interest and registering company representatives to work with various committees. Reviews participation on a periodic basis.

\_\_\_\_\_  
Name Telephone number \_\_\_\_\_  
\_\_\_\_\_  
Title Fax number \_\_\_\_\_  
\_\_\_\_\_  
Email

**Carnet Contact** ~ Acts as main point of contact for ATA Carnet use. (Please note address if different from main address)

\_\_\_\_\_  
Name Telephone number \_\_\_\_\_  
\_\_\_\_\_  
Title Fax number \_\_\_\_\_  
\_\_\_\_\_  
Email

**Other officers to receive general publications** (Please note address if different from main address)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
The firm's fiscal year ends in (please indicate the month)

Is your firm's membership in the USCIB reviewed by a membership committee or similar entity?

Yes  No

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

### Washington representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

If so, when does it meet?

semi-annually  quarterly \_\_\_\_\_ other

\_\_\_\_\_  
Date