

# **SAUCI Membership Application**

## **Primary Contact Information**

First \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Business Information**

Company \_\_\_\_\_  
Automation \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **Contact Information**

<u>Position</u>	<u>Name</u>	<u>Email Address</u>
System Coordinator:	_____	_____
CIO:	_____	_____
CFO:	_____	_____
CEO:	_____	_____
Personal Lines:	_____	_____
Commercial Lines:	_____	_____
Benefits/Group:	_____	_____
Marketing Coordinator:	_____	_____
Claims Coordinator:	_____	_____