



I am willing to make my voice heard for my company and my industry

I will donate \$ _____ to ACMA's Composites Advocacy Program

Company Name _____

Contact Name _____

Enclosed is my check

Below is my credit card information*

Visa MasterCard American Express

Total Payment: \$ _____

Account #: _____ Exp. Date _____

Name on Card: _____ CVV+ _____

Signature: _____

+ For Visa/Mastercard, 3 digit code on back of the card, for AmEx, the 4-digit number on the front of the card

*Any amount over \$5,000, please pay by check.

I would like to learn more about how ACMA is benefiting the composites industry. Please send me more information.

I would like to become more involved in government affairs. Please add me as a Composites Advocate.

Please send your check or payment information to:

3033 Wilson Blvd, Suite 420

Arlington VA 22201

Fax: 703-525-0743

Questions?

Contact MJ Carrabba at

703-682-1668 or mcarrabba@acmanet.org

www.acmanet.org/ga/composites-advocacy.cfm

Thank you for your support!