



INN MANAGEMENT SYSTEM ENROLLMENT FORM

Inn Name: _____ Date: _____

City: _____ State: _____ Inn ID: _____

Primary Administrative Contact:

Name: _____ Inn Leadership Position: _____

E-mail: _____ Phone: _____

The following executive committee members automatically have access to the Inn Management System (IMS): President, Vice President, Counselor, President-Elect, Secretary, Treasurer, Secretary/Treasurer, Administrator, Web Administrator, and Executive Director.

You may designate additional individuals for IMS access:

| | Name | Inn Leadership Position | E-mail | Phone |
|----|-------------|--------------------------------|---------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

OPTIONAL Online Credit Card Payments: *Please initial if the Inn would like to accept online credit card payments.* **Initials:** _____

As a representative of my Inn, I hereby authorize the American Inns of Court to establish the online credit card payment process for my Inn. I understand and agree to the following terms and conditions:

- Member payments by credit card will be processed through the American Inns of Court Foundation's credit card merchant
- Each transaction will be assessed a fee of 2.2% plus .30¢ (subject to change)
- The net sum of payments collected (i.e., total transactions less the transaction fee) will be distributed to the Inn on a monthly basis
- Refunds for transactions that were initially paid by credit card must be issued by the Inn by check; refunds may not be issued to credit cards
- Funds to Inns will be distributed by ACH. Inn will be required to provide bank account information to the American Inns of Court Foundation's ACH payment service.

Notification e-mail: _____

Does your Inn utilize its website hosted by the American Inns of Court? Yes No

Does your Inn have a website not hosted by the American Inns of Court? Yes No URL: _____

Terms & Conditions:

The American Inns of Court Foundation provides the Inn Management System (IMS) as a service to chartered American Inns of Court. Usage of the IMS by an Inn is subject to proper enrollment by the Inn and acceptance of any terms of use that may be in effect. Terms of use may change. The complete terms of use and privacy statement is available on our website at www.innsofcourt.org.

Applicant Information:

Name: *Please print* _____

Inn Leadership Position: _____

Signature: _____

OFFICE USE ONLY:

Date Received: _____ Date Entered: _____

Date Trained: _____ Trainer: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHAPTER RELATIONS DIRECTOR.