(Please mark one of the authorizations listed below)					
☐ I am an authorized signer of my company and authorize NACSPAC, the participation in NACSPAC fundraising events for the designated years be	ersonnel, and the sh				
Company Name		Please fill in the years for which you would like to authorize and then sign below:			
Address	20	_ 20	20		
City, State and Zip	20	_ 20	_		
Authorized Agent (Please Print)	Authorized S	Authorized Signature for the years initialed above			

Note to NACS Members: NACSPAC is required by federal law to obtain valid written authorizations from members which are designated by calendar year. Multiple year authorizations are permitted. Companies may only authorize one trade association per year.