



## Chapter Employer Identification Number

Chapter Name: \_\_\_\_\_

Chapter Number: \_\_\_\_\_

Our Employer Identification Number (EIN) is: \_\_\_\_\_.

Submitted by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Chapter Officer Title: \_\_\_\_\_

*Return form via email at [mmcintosh@afe.org](mailto:mmcintosh@afe.org), by mail to AFE, 12801 Worldgate Drive, Suite 500, Herndon, VA 20170, or via fax at 571.766.2142.*