

AFE Corporate Member Application

Please provide complete information for each Corporate Member Representative. (See Corporate Membership Pricing for fees.)

This form is to be completed by corporate contact – individual members must complete separate member application forms.

COMPANY NAME: _____

Primary Contact details

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Is primary contact to be included as a member? Yes No

Special Corporate Membership Pricing

<u># of Members</u>	<u>Price Per Member</u>	<u>Renewal Dues Discount</u>
5-9	\$174	15%
10-14	\$164	20%
25-49	\$153	25%
50-99	\$123	40%
100+	\$102.50	50%

List each person to include under corporate membership

(Include address only if mailing address is different than that of the Corporate Contact.)

1. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

2. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

3. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

4. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

5. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

6. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

7. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

8. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

9. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

10. Name _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

PAYMENT

To pay by check – Mail this application with a check made payable to AFE
Pay By Credit Card – Fill in credit card information below and fax this application to (571) 766-2142 or mail to:

Visa, MasterCard or American Express	AFE
Card Number _____	12801 Worldgate Drive, Suite 500
Expiration Date ____/____/____	Herndon, VA 20170
Signature _____	Ph: (571) 203-7171
	Email: Membership@AFE.org