

AFE Corporate Membership Application

Join at www.AFE.org / Fax to: 571 766 2142 / Mail to: AFE, 8200 Greensboro Drive Suite 400, McLean, VA 22102

Please provide complete information for each Corporate Member Representative. This form is to be completed by the corporate contact.

Special Corporate Membership Pricing		
<u>Number of Members</u>	<u>Price Per Member</u>	<u>Renewal Dues Discount</u>
5-10	\$174	\$25
11-50	\$153	\$46
51+	\$145	\$54 **

***plus, Concrete Level Sponsorship benefits and 2 custom on-site training for staff*

Company Info

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Primary Contact

Mr. Mrs. Ms. Name _____ DOB _____
 Title _____
 Preferred Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Cell _____
 Email _____

List each person to include under the corporate membership. Include address only if mailing address is different than that of the Corporate Contact. Attach additional pages if needed.

Corporate Members

Mr. Mrs. Ms. Name _____ DOB _____
 Title _____
 Preferred Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Cell _____
 Email _____

Corporate Members Cont.

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Corporate Members Cont.

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Mr. Mrs. Ms. **Name** _____ **DOB** _____
Title _____
Preferred Address _____
City _____ **State** _____ **Zip** _____
Work Phone _____ **Cell** _____
Email _____

Payment Method — please choose a payment method

Membership type \$174 (5-10) \$153 (11-50) \$145 (51+)

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date _____ CVC: _____

Name on Card _____ Signature _____