

## AFE Retired Membership Application

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

**Personal Data**

Mr.     Mrs.     Ms.    Name \_\_\_\_\_    DOB: \_\_\_\_\_

**Preferred Address** \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Home Phone \_\_\_\_\_    Cell \_\_\_\_\_    Fax \_\_\_\_\_

Email \_\_\_\_\_

**Education, Certification, and Licensure**

Highest Education Level     High School     Some College     Bachelor's     Master's     Doctorate  
 Degree(s)    From College/University Name


Professional licenses/Certifications     PE     CPE     CPMM     CPS  
 Other    Certifying Organization: \_\_\_\_\_

**Chapter Affiliation** — please check one box

- Please assign me to the following chapter: \_\_\_\_\_ Chapter # \_\_\_\_\_
- Please assign me to the active chapter nearest my preferred mailing address. If there is no active chapter in my area, I understand I will be a member-at-large.
- I prefer to remain a member-at-large with no chapter assignment. I understand I can join a chapter at any time.

**Proof of Retirement**

Please attach some sort of proof of your retirement to this application

**Payment Method** — please choose a payment method

Membership type     \$95 \_\_\_\_\_

A check is enclosed for \$ \_\_\_\_\_    PO# \_\_\_\_\_

Credit Card:     AMEX     MC     VISA     Discover

Account # \_\_\_\_\_    Expiration date \_\_\_\_\_    CVC: \_\_\_\_\_

Name on Card \_\_\_\_\_    Signature \_\_\_\_\_