

AEAP Membership Application/Invoice

Print this application, complete and mail with appropriate dues fee to: AEAP, 900 S. Washington Street, Suite G-13, Falls Church, VA 22046 Or fax to (703) 533-1153. Questions? Call (703) 237-8616. Federal ID # 54-1026902.

Name and Principal Mailing Address:

First Name: _____ Last Name: _____

Address provided is: () Home () Business

Company: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____ Country: _____

Phone: (____) _____ Email Address: _____

Please select a membership type:

Basic	() 1 Year \$41	() 2 Years \$77 Save \$5
Basic Online	() 1 Year \$38	() 2 Years \$72 Save \$10
Premium (US only)	() 1 Year \$70	() 2 Years \$120 Save \$20
Premium Online (US only)	() 1 Year \$67	() 2 Years \$112 Save \$28

International Basic Membership

(\$5000 AD&D insurance not available in all countries)

Canada	() 1 Year \$46	() 2 Years \$87 Save \$5
Canada Online	() 1 Year \$43	() 2 Years \$82 Save \$10
Other Countries	() 1 Year \$56	() 2 Years \$107 Save \$5
Other Countries Online	() 1 Year \$53	() 2 Years \$102 Save \$10

If you received a membership letter with an application form, please enter the code that is listed on the right hand side of your name on the application card. If you did not receive a letter, leave blank: _____

Payment Method:

() My check is enclosed (Checks must be made payable to AEAP and drawn on a U.S. bank.)

() Please charge my () VISA () MasterCard () American Express

Credit Card #: _____ Exp. Date: _____

Credit Card Billing Address Zip Code: _____

Authorized Signature: _____