

AEAP Membership Join Form

Mail application with payment to AEAP, P O Box 1236, Stafford, VA 22555

Questions? Call (703) 237-8616. Federal ID # 54-1026902.

Mailing Address:

First Name: _____ Last Name: _____

Address provided is: Home Business

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Telephone: _____ Email Address: _____

If you received a letter, please enter the code that is listed to the right of your name: _____

Please select a membership type:

Basic Online 1 Year \$35 2 Years \$60 Save \$10

Premium Online (Continental US & PR) 1 Year \$70 2 Years \$105 Save \$35

International Membership

Canada Online 1 Year \$40 2 Years \$70 Save \$10

Other Countries Online 1 Year \$45 2 Years \$80 Save \$10

Payment Method:

Total Amount: \$ _____

Check* VISA MasterCard American Express Discover

Credit Card #: _____ Exp. Date: _____

Security Code (3 or 4 digit code): _____

Credit Card Billing Address (If different than above)

Street: _____

City, State, Zip: _____

Authorized Signature: _____

***Make checks payable to AEAP. Payment in U.S. Dollars, by draft on a U.S. Bank is required**