

AFE Member Profile Update Form

Please, fill out this form with your most recent and preferred contact information. Email it to membership@afe.org or mail it to AFE, PO Box 8257, Woodbridge, Virginia 22195. You can also renew online at www.AFE.org

Personal Data

☐ Mr. ☐ Mrs. ☐ Ms. Name _____ DOB: _____

Employer _____ Title _____

Employer Address _____

_____ State _____ Zip _____

Work Phone _____ Cell _____ Fax _____

Home Address

City _____

_____ State _____ Zip _____

Home Phone _____ Email _____

Preferred Mailing Address ☐ Home ☐ Company

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.

***First Chapter or PIC is included in annual investment. Please visit www.AFE.org to select your Chapter or PIC.**

Payment Information — please select one option.

☐ Credit Card: ☐ Master Card ☐ Visa ☐ AMEX ☐ Discover ☐ Other _____

Account # _____

Exp date: _____ CVC: _____

Name on the card: _____

Signature: _____

☐ Check # _____ \$ _____

☐ PO # _____ \$ _____

☐ Invoice # _____

THANK YOU FOR YOUR SUPPORT!!!