



AFE Active Duty or Retired Military / DoD / DHS Membership Application

Join at 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: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Base Information

Name of Base _____

Branch _____ Rank _____

Signature of Applicant _____ Date _____

Name of Commanding Officer _____ Date _____

Payment Method — please choose a payment method

Membership type \$25 Military Membership _____

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date _____ CVC: _____

Name on Card _____ Signature _____