

AFE Corporate Membership Application

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

Please provide complete information for each Corporate Member Representative. This form is to be completed by the corporate contact.

Special Corporate Membership Pricing

Number of Members	Price Per Member	Renewal Dues Discount
5-10	\$174	\$25
11-50	\$153	\$46
51+	\$145	\$54 **

***plus, Concrete Level Sponsorship benefits and 2 custom on-site training for staff*

Company Info

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Primary Contact

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

Title: _____

Preferred Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Cell:** _____

Email: _____

List each person to include under the corporate membership. Include address only if mailing address is different than that of the Corporate Contact. Attach additional pages if needed.

Corporate Members

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

Title: _____

Preferred Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Cell:** _____

Email: _____

Corporate Members Cont.

Name: Mr. Mrs. Ms. **DOB:**

Title:

Preferred Address:

City: **State:** **Zip:**

Work Phone: **Cell:**

Email:

Name: Mr. Mrs. Ms. **DOB:**

Title:

Preferred Address:

City: **State:** **Zip:**

Work Phone: **Cell:**

Email:

Name: Mr. Mrs. Ms. **DOB:**

Title:

Preferred Address:

City: **State:** **Zip:**

Work Phone: **Cell:**

Email:

Name: Mr. Mrs. Ms. **DOB:**

Title:

Preferred Address:

City: **State:** **Zip:**

Work Phone: **Cell:**

Email:

Name: Mr. Mrs. Ms. **DOB:**

Title:

Preferred Address:

City: **State:** **Zip:**

Work Phone: **Cell:**

Email:

Corporate Members Cont.

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

Title: _____
Preferred Address: _____
City: _____ **State:** _____ **Zip:** _____
Work Phone: _____ **Cell:** _____
Email: _____

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

Title: _____
Preferred Address: _____
City: _____ **State:** _____ **Zip:** _____
Work Phone: _____ **Cell:** _____
Email: _____

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

Title: _____
Preferred Address: _____
City: _____ **State:** _____ **Zip:** _____
Work Phone: _____ **Cell:** _____
Email: _____

Payment Method — please choose a payment method

A check is enclosed for \$ _____ **PO#** _____

Credit Card: AMEX MC VISA Discover
Account # _____ **Expiration date:** _____ **CVC:** _____
Name on Card _____ **Signature:** _____

Association for Facilities Engineering
 8200 Greensboro Drive Suite 400, McLean, VA 22102
 Fax: 571-766-2142 / Phone: 571-395-8777