

AFE Student 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 _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Preferred Email _____

College/University Information

Name of College/University _____

Major/Course of Study _____

Signature of Applicant _____ Date _____

Name of Faculty Advisor _____ Date _____

Signature of Faculty Advisor _____

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.

Payment Method — please choose a payment method

Membership type \$25 _____

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date _____ CVC _____

Name on Card _____ Signature _____