

## AFE Young Professional Membership Application

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

\* You must be under 30 years old or have graduated from an approved graduate or under-graduate program within the past 5 years.

### Personal Data

Mr.    Mrs.    Ms.   Name \_\_\_\_\_   DOB: \_\_\_\_\_

Employer \_\_\_\_\_   Title \_\_\_\_\_

**Employer Address** \_\_\_\_\_

City \_\_\_\_\_   State \_\_\_\_\_   Zip \_\_\_\_\_

Work Phone \_\_\_\_\_   Cell \_\_\_\_\_   Fax \_\_\_\_\_

**Home Address** \_\_\_\_\_

City \_\_\_\_\_   State \_\_\_\_\_   Zip \_\_\_\_\_

Home Phone \_\_\_\_\_   Email \_\_\_\_\_

Preferred Mailing Address    Home    Company

### Education, Certification, and Licensure

Highest Education Level    High School    Some College    Bachelor's    Master's    Doctorate

Degree(s) \_\_\_\_\_   From College/University Name \_\_\_\_\_


Professional licenses/Certifications    PE    CPE    CPMM    CPS

Other   Certifying Organization: \_\_\_\_\_

### 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.

### Payment Method — please choose a payment method

Membership type    \$95 \_\_\_\_\_

A check is enclosed for \$ \_\_\_\_\_   PO# \_\_\_\_\_

Credit Card:    AMEX    MC    VISA    Discover

Account # \_\_\_\_\_   Expiration date \_\_\_\_\_   CVC: \_\_\_\_\_

Name on Card \_\_\_\_\_   Signature \_\_\_\_\_