

AFE Individual Membership Application

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

Mr. / Ms.

Date _____

_____/_____/_____/_____/_____
 First name Middle Initial Last Name Nickname Date of Birth

Job title _____

Home Address:

Street _____

City State Zip Home Phone

Home e-mail: _____ Home fax: _____

Business Address:

_____/_____
 Company Name Division/Dept

Street / PO Box /Mail Stop _____

City State Zip

Work Phone Work Fax Cell/Mobile Phone

Work e-mail: _____

Preferred e-mail is **Work** **Home** — but please send all e-mail to both

Preferred mail address is **Home** **Work**

Company profile — The **primary** function/product/service at the above address is:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Process industry | <input type="checkbox"/> Construction | <input type="checkbox"/> Education / Training |
| <input type="checkbox"/> Hospitality / Travel | <input type="checkbox"/> Healthcare / Pharmaceutical | <input type="checkbox"/> Consulting / Services | <input type="checkbox"/> Utility / Communications |
| <input type="checkbox"/> Government | <input type="checkbox"/> Transportation | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Commercial / Retail / Wholesale |

Company **SIC** or **NAICS:** _____

Job function — Please **check the one box** that best describes your **primary** job function.

- | | | |
|--|---|--|
| <input type="checkbox"/> President / CEO / COO | <input type="checkbox"/> VP / other company executive | <input type="checkbox"/> Administration / HR |
| <input type="checkbox"/> Management / supervision | <input type="checkbox"/> Engineering / operations | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Design | <input type="checkbox"/> Training / education | <input type="checkbox"/> Sales / marketing |
| <input type="checkbox"/> Consulting / engineering services | | <input type="checkbox"/> Technician |

Dues (*This membership is individual and non-transferable*)

New Member Dues \$195 **Two Year New Member Dues \$350**

Association dues may be tax deductible, please check with your tax advisor.

AFE Does not issue refunds on Membership Dues.

Payment Method: Check enclosed or Credit card: Visa MasterCard American Express

Account # _____ Expiration Date _____ CVC _____

Name on card _____ Signature _____

Please complete other side of membership application.

This application valid through ____/____/____

For HQ use only: Member # _____ Region _____ Group _____ Chapter _____ Date processed ____/____/____ AFE code: _____

Education, Certification, and Licensure

Highest Education Level High School Some college Bachelor's Master's Doctorate
 Degree(s) From College / University Name

Professional licenses or certification PE / CPE / CPMM / CPS /
 Other _____ Certifying Organization _____

Chapter Affiliation

- Please assign me to the following chapter: _____ Chapter # _____ (See chapter list)
- 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.

Council Affiliation — Please assign me to the following AFE Councils

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Consulting / Services | <input type="checkbox"/> Controls & Instrumentation | <input type="checkbox"/> Education |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Energy | <input type="checkbox"/> Environmental | <input type="checkbox"/> Government |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> HVAC | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Management | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Safety & Compliance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utility / Communications | <input type="checkbox"/> Wholesale / Retail | <input type="checkbox"/> Student |

Areas of Interest — Check up to 4 areas of interest

- Energy
- HVAC / Environmental systems
- Safety / Security / Disaster / Emergency planning
- Maintenance / Reliability
- Predictive & preventive technologies
- People strategies / HR / OD / Management / Supervision / Staffing / Outsourcing / Subcontracting
- Engineering / Design
- Facilities accounting & finance
- Information technology / Information systems
- Architecture / Construction
- Building automation systems / Instrumentation and controls
- Environmental systems / HVAC
- Compressed air
- Electrical systems
- Facilities management & planning
- Grounds management
- Lighting
- Material handling
- Planning, estimating, and scheduling
- Quality control
- Water

Sponsorship (not required for membership)

AFE Member Sponsor Name: _____ Sponsor ID# _____

AFE BDR _____