

AEAP Membership Application/Invoice

Mail application with payment to AEAP, 900 S. Washington Street, Suite G-13, Falls Church, VA 22046 or fax to (703) 533-1153. Questions? Call (703) 237-8616. Federal ID # 54-1026902.

**Mailing Address:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address provided is:  Home  Business

Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you received a letter, please enter the code that is listed to the right of your name: \_\_\_\_\_

**Please select a membership type:**

- Basic  1 Year \$44  2 Years \$83 Save \$5
- Basic Online  1 Year \$39  2 Years \$73 Save \$5
- Premium (Continental US & PR)  1 Year \$80  2 Years \$147 Save \$13
- Premium Online (Continental US & PR)  1 Year \$74  2 Years \$137 Save \$11

**International Membership**

- Canada Basic  1 Year \$48  2 Years \$90 Save \$6
- Canada Online  1 Year \$45  2 Years \$84 Save \$6
- Other Countries  1 Year \$58  2 Years \$110 Save \$6
- Other Countries Online  1 Year \$55  2 Years \$104 Save \$6

**Payment Method:**

**Total Amount:** \$ \_\_\_\_\_

- Check\*  VISA  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (3 or 4 digit code): \_\_\_\_\_

**Credit Card Billing Address (If different than above)**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**\*Make checks payable to AEAP. Payment in U.S. Dollars, by draft on a U.S. Bank is required**