

AEAP Membership Application/Invoice

Mail application with payment to AEAP, P O Box 1236, Stafford, VA 22555 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	<input type="checkbox"/> 1 Year \$44	<input type="checkbox"/> 2 Years \$83	Save \$5
Basic Online	<input type="checkbox"/> 1 Year \$39	<input type="checkbox"/> 2 Years \$73	Save \$5
Premium (Continental US & PR)	<input type="checkbox"/> 1 Year \$80	<input type="checkbox"/> 2 Years \$147	Save \$13
Premium Online (Continental US & PR)	<input type="checkbox"/> 1 Year \$74	<input type="checkbox"/> 2 Years \$137	Save \$11

International Membership

Canada Basic	<input type="checkbox"/> 1 Year \$48	<input type="checkbox"/> 2 Years \$90	Save \$6
Canada Online	<input type="checkbox"/> 1 Year \$45	<input type="checkbox"/> 2 Years \$84	Save \$6
Other Countries	<input type="checkbox"/> 1 Year \$58	<input type="checkbox"/> 2 Years \$110	Save \$6
Other Countries Online	<input type="checkbox"/> 1 Year \$55	<input type="checkbox"/> 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**