

I join you in your commitment to excellence!



(703) 690-5296

NAME _____ EMPLOYEE # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK LOCATION TITLE/POSITION _____

WORK PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

Method of payment

\$100 dues deduction taken in equal increments over the length of your contract, that is \$10/month for a 10-month contract.

Upon receipt of this request, deduction for dues to any other professional association will terminate.

Please mail the completed application to AFPE, PO Box 231449, Centreville, VA 20120.

SIGNATURE _____ DATE _____