

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

Personal Data

Name: Mr. Mrs. Ms. DOB: _____

Title: _____ Employer: _____

Employer Address:

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

Home Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Preferred Mailing Address: Home Company

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Commercial/Retail/Wholesale | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Hospitality/Travel | <input type="checkbox"/> Process Industry |
| <input type="checkbox"/> Consulting/Services | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Healthcare/Pharmaceutical | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Utility/Communications |
- 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"/> Technician |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Consulting/Engineering services | |

Areas of Interest — check up to **4** areas of interest

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

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 # _____ (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.

Payment Method — please choose a payment method

Membership type: \$199 (1 year) \$350 (2 year)

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date: _____ CVC: _____

Name on Card _____ Signature: _____