

AFE Retired Membership Application

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

* You must provide proof of retirement

Personal Data

Name: Mr. Mrs. Ms. DOB: _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Fax: _____

Email: _____

Areas of Interest — check up to 4 areas of interest

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

Education, Certification, and Licensure

| | | | | | |
|-------------------------|--------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| Highest Education Level | <input type="checkbox"/> High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Master's | <input type="checkbox"/> 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.

Proof of Retirement

Please attach some sort of proof of your retirement to this application

Payment Method — please choose a payment method

Membership type: \$95

A check is enclosed for \$ _____ PO# _____

Credit Card: AMEX MC VISA Discover

Account # _____ Expiration date: _____ CVC: _____

Name on Card _____ Signature: _____

Association for Facilities Engineering
8200 Greensboro Drive Suite 400, McLean, VA 22102
Fax: 571-766-2142 / Phone: 571-395-8777