MEMBERSHIP APPLICATION

PRIMARY CONTACT		
Name:		
Employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Position:	Department:	

	MEMBERSHIP OPTIONS
	Individual $85.00
	Corporate, 1-9 employees $355.00 ***** If selected, one contact person is the voting member and all other employees are associate members.
	Corporate, 10 or more employees $655.00 ***** If selected, one contact person is the voting member and all other employees are associate members.
	Past Presidents $35.00
	Student $35.00 *If student has paid student chapter fee for university, student fee is waived.

CORPORATE MEMBERS

* Please fill in contact information below for each member. Include an additional page if necessary.

✓	Name	E-mail	Department

PAYMENT METHOD	
Credit Card Check (Please circle)	Card number:
Name on card	Card type: AX M/C VISA Exp. Date:

SIGNATURE	
Signature of applicant:	Date:

Fax completed application to (317) 396-2799 or email to info@aafindianapolis.org.
Send checks to AAF Indianapolis
Attn: Membership, P.O. Box 30738, Indianapolis, IN 46230-0738

Questions? Email info@aafindianapolis.org or call (317) 686-7926