



Arab American Association of Engineers and Architects

Capital Area Chapter (MD, DC and VA)

P.O. BOX 391 ASHBURN, VA 20146

<http://www.aaeadc.com/>

Email: info@aaeadc.com



Corporate Membership Application Form

New Applicant

Renewal (Provide New Information Only Below)

Company: _____

Contact Name: _____

Address : _____

Phone: _____ Fax: _____ Website: _____

Specialties: _____

List up to FIVE employees to be members of the association:

Employee 1	Name:		Title:		
	Address:				
	Phone:		Fax:	Email:	
	Professional Licenses:			State(s):	
	Degree	Major	Graduation Date	College/University	

Employee 2	Name:		Title:		
	Address:				
	Phone:		Fax:	Email:	
	Professional Licenses:			State(s):	
	Degree	Major	Graduation Date	College/University	

Employee 3	Name:		Title:		
	Address:				
	Phone:		Fax:	Email:	
	Professional Licenses:			State(s):	
	Degree	Major	Graduation Date	College/University	

Company: _____

Employee 4	Name:			Title:		
	Address:					
	Phone:		Fax:		Email:	
	Professional Licenses:			State(s):		
	Degree	Major	Graduation Date	College/University		

Employee 5	Name:			Title:		
	Address:					
	Phone:		Fax:		Email:	
	Professional Licenses:			State(s):		
	Degree	Major	Graduation Date	College/University		

Please select the committees that each employee is interested in joining:

Employee	Education	Publication	Career Enhancement	Membership	Finance	Activities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual membership fee for individuals is **\$250**. Please send a check with the application form to AAAEA-DC, P.O. BOX 391 ASHBURN, VA 20146.

Membership fee is due before the end of each calendar year. New members enrolled on or after October 1st of each year will not need to renew their membership until the end of the year after.

Signature: _____

Date: _____

For Office Use Only:

Amount Received:		Date Received:	
Method of Payment:		Check Number:	
Renewal Date:		Database Entry:	By: Date:
Member ID (1):		Membership Type (1):	<input type="checkbox"/> Full <input type="checkbox"/> Associate
Member ID (2):		Membership Type (2):	<input type="checkbox"/> Full <input type="checkbox"/> Associate
Member ID (3):		Membership Type (3):	<input type="checkbox"/> Full <input type="checkbox"/> Associate
Member ID (4):		Membership Type (4):	<input type="checkbox"/> Full <input type="checkbox"/> Associate
Member ID (5):		Membership Type (5):	<input type="checkbox"/> Full <input type="checkbox"/> Associate