



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



Individual Membership Application Form

New Applicant

Renewal (Provide New Information Only Below)

Name: _____ Title: _____

Company: _____

Company Address : _____

Personal Address: _____

Work Phone: _____ Fax: _____ Email: _____

Personal Phone: _____ Fax: _____ Email: _____

New Members: Please complete the sections below:

Degree	Major	Graduation Date	College/University

Professional Licensing	State(s)	Professional Licensing	State(s)

Please select the committees that you are interested in joining:

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

Annual membership fee for individuals is **\$50**. Please send a check with the application form to AAEEA-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:		Membership Type:	<input type="checkbox"/> Full <input type="checkbox"/> Associate
Member ID:		Database Entry:	By: _____ Date: _____