

CPAEE MEMBERSHIP FORM



Company

Company Name: _____
Company Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone: _____
Fax: _____
E-mail: _____

Home

Home Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Mail To Home or Work? _____

Prefix: _____
First Name: _____
Last Name: _____
Title: _____

If you are a registered Professional Engineer or Architect,
please indicate state(s) and registration number(s):

Number: _____
State 2: _____
Number: _____
Years experience: _____

Education

University: _____
Degree: _____
Field: _____

Payment Information:

Payment Method: _____
Purchase Order Number: _____
Acct. Number: _____
Name as it appears on card _____
Expires _____

Central PA Membership dues are \$35 per year.

Checks Payable to:
Central Pennsylvania Chapter of AEE
Mail to : Michael Parker, Treasurer
230 South Lewisberry Road
Mechanicsburg, PA 17055