



AHEPA CREDIT CARD AUTHORIZATION FORM

Chapter No. _____ District No. _____ Membership No. _____

Name			
Address			
City	State	Zip	
Daytime Phone	Home Phone		
E-Mail Address			

Payment is for:

Renewal for 2019 Per Capita Tax (\$45.00) # of Member(s) _____

Initiating or Reinstating for **2019** Per Capita Tax (**\$45.00**) # of Member(s) _____ (**ONLY** for members whose initiation or reinstatement date falls within the months of (January thru October 2019))

Initiating or Reinstating for **2019/2020** Per Capita Tax (**\$55.00**) # of Member(s) _____ (**ONLY** for members whose initiation or reinstatement date falls within the months of (November 1 thru December 31, 2019))

(For Chapter Officers - please attach payment list/or billing statement. Paying for reinstating or initiating member, please attach application form(s) when submitting payment)

Total Amount Authorized \$ _____

Method of Payment: Visa MasterCard Discover Amex

Card Number	
Expiration Date	
CVV (Security) #	

Signature	Date
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Name as appeared on the card if other than your name	
Credit card billing address if other than the address listed above	

Please mail to:

1909 Q Street, NW, Ste 500, Washington, DC 20009

Fax (202) 232-2140 / Email: membership@ahempa.org

If you have any questions please feel free to call us at (202) 232-6300 or visit our website www.ahempa.org for general information, updates on events, merchandise supplies.