



AHEPA CREDIT CARD AUTHORIZATION FORM

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

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

Payment is for:

Renewing 2026 Per Capita Tax (\$50.00) # of Member(s) _____

Initiating 2026 Per Capita Tax (\$50.00) # of Member(s) _____

Reinstating 2026 Per Capita Tax (\$50.00) # of Member(s) _____

Back dues 2025 Per Capita Tax (\$50.00) # of Member(s) _____

Chapter Officers: please attach payment list/or billing statement when submitting dues remittance. If paying for reinstating or initiating member, please attach application form(s). Also note, application form MUST have the official date of initiation or reinstatement in order for the member to be credited with the appropriate paid through date.

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: AHEPA - 1909 Q Street, NW, Ste 500, Washington, DC 20009
Fax (202) 232-2140 / Email: membership@ahempa.org