



**SS-AAEA**  
**Chapter Membership Dues**  
**Due February 1, 2008**

**Chapter Information:**

School Name \_\_\_\_\_ Date \_\_\_\_\_  
 Chapter Advisor \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

**Dues Information:**

**Fee**

2008 Chapter Dues .....	\$ 25	_____
Late Penalty (After February 1) .....	\$ 5	_____
	<b>TOTAL:</b>	_____

\_\_\_\_\_ CHECK: Checks should be made payable to AAEA.

\_\_\_\_\_ AMEX      \_\_\_\_\_ DISCOVER      \_\_\_\_\_ MASTERCARD      \_\_\_\_\_ VISA

CARD #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)    Card Verification Number (CVN) # \_ \_ \_ \_

NAME AS APPEARS ON CARD: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP/POSTAL CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL (for receipt): \_\_\_\_\_

**Please send a roster of your chapter members with name, e-mail address and expected year of graduation to:**

**AAEA**  
**Attn: SS-AAEA Chapter Dues**  
**555 East Wells St. Suite 1100**  
**Milwaukee, WI 53202**  
**Fax: (414) 276-3349**

**You must pay your Chapter Dues in order to participate in the 2008 Annual Meeting in Orlando.**