



# Retired Member Application 2016-2017

September 1, 2016 – August 31, 2017

## Welcome to AENC!

Please complete and return this form to AENC Member Services.

THANK YOU FOR PRINTING CLEARLY

### Dues Payment Options:

Individual Member: \$50 (full membership privileges)

### Member Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Informal Name / Nickname: \_\_\_\_\_ Designations (CAE, CMP, etc.): \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ \*\* (Cell Phone – for emergency use only) \_\_\_\_\_

\*\* Name of Emergency Contact: \_\_\_\_\_

\*\* Emergency Contact Phone: \_\_\_\_\_

\*\* Current Membership of other professional organizations? \_\_\_\_\_

\*\* For AENC reference only. Will not be published in AENC Resource Guide / Membership Directory.

### Photo

Please email a high-resolution head shot to [office@aencnet.org](mailto:office@aencnet.org) for inclusion in the AENC Annual Resource Guide / Membership Directory.

### Method of Payment

Check Payable to AENC       Visa       Mastercard       AMEX       Discover

Total Amount of Payment: \$ \_\_\_\_\_

Name on card: *(Please print)* \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email for receipt: \_\_\_\_\_

### Questions

Phone AENC Member Services at 919-848-8255 or email [membership@aencnet.org](mailto:membership@aencnet.org).

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