



Retired Member Application 2017-2018

September 1, 2017 – August 31, 2018

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 Will not be published in AENC Resource Guide / Membership Directory.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 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 office@aencnet.org

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