



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:

Renewing for 2023 Per Capita Tax (\$45.00) # of Member(s) _____

Initiating for 2023 Per Capita Tax (\$45.00) # of Member(s) _____ (Initiation date January – October 2023)

Initiating for 2024 Per Capita Tax (\$45.00) # of Member(s) _____ (Initiation date November – December 2023)

Reinstate for 2023 Per Capita Tax (\$45.00) # of Member(s) _____ (Reinstatement date January – October 2023)

Reinstate for 2024 Per Capita Tax (\$45.00) # of Member(s) _____ (Reinstatement date November – December 2023)

(For Chapter Officers - please attach payment list/or billing statement. Paying for reinstating or initiating member, please attach application form(s) when submitting payment – Application form MUST have official date of initiation or reinstatement)

Total Amount Authorized \$ _____

Method of Payment: Visa MasterCard Discover Amex

| | |
|------------------|--|
| Card Number | |
| Expiration Date | |
| CVV (Security) # | |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

| | |
|--|--|
| 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.