



**ASSOCIATION OF**

**FEDERAL COMMUNICATIONS CONSULTING ENGINEERS**

## **ANNUAL MEMBERSHIP RENEWAL**

In order for AFCCE to maintain accurate records, ALL MEMBERS must complete and return the attached renewal form along with dues payments. Members Emeritus must also return the completed form even though no dues are required. Information as received will be included in the annual printed directory and also used for the online membership listing. You can view your current membership information on the AFCCE website at: <http://afcce.org/Members.htm>

### AFCCE Bylaws, Membership Rules

The Articles of the AFCCE Bylaws relevant to AFFCE membership are available on the website. Please review Article VI - Membership Requirements, Article VII - Dues, Article IX - Default for Non-Payment of Annual Dues, and Article X - Membership Privileges when determining your membership level for renewal.

### AFCCE Scholarship Fund Donations

Please consider a donation to the AFCCE Scholarship Fund. All donations made at the time of membership renewal will be MATCHED 100% (up to \$200) by AFCCE! This is a great way to demonstrate your support for our scholarship program and for the training of future generations of broadcast engineers!

***Complete and return the two-page form with dues payment by January 31st of each year to ensure inclusion in the annual AFCCE Membership Directory***

PLEASE MAKE CHECK PAYABLE TO "AFCCE" AND MAIL WITH RENEWAL FORM TO:

**AFCCE  
PO Box 19333  
Washington, DC 20036-0333**

Comments/Questions:

Contact AFCCE Secretary at [Secretary@afcce.org](mailto:Secretary@afcce.org).



# ANNUAL MEMBERSHIP RENEWAL FORM

Return this two-page form with dues payment by January 31st to ensure inclusion in the annual printed AFCCE Membership Listing. Please make checks payable to "AFCCE" and mail with the renewal form to:

**AFCCE  
PO Box 19333  
Washington, DC 20036-0333**

## Member Contact Information

<b>First Name</b>		
<b>Middle Name</b>		
<b>Last Name</b>		
<b>Prefix</b>		
<b>Suffix</b>		
<b>Company Name</b>		
<b>Title / Position</b>		
<b>Address Line 1</b>		
<b>Address Line 2</b>		
<b>City</b>		
<b>State</b>		
<b>Country</b>		
<b>ZIP Code</b>		
<b>Primary Phone Number</b>	<input type="checkbox"/>	<b>Office</b>
	<input type="checkbox"/>	<b>Mobile</b>
<b>Secondary Phone Number</b>	<input type="checkbox"/>	<b>Office</b>
	<input type="checkbox"/>	<b>Mobile</b>
<b>Fax Number</b>		
<b>Email address</b>		
<b>Company Website URL</b>		

