

AFCCE Membership Renewal

Items in **Bold** are Required

Member Name:

First: _____ **Mi (optional):** _____ **Last:** _____ **Preferred:** _____

Membership Type (Full, Associate, Student, Government, Life): _____

Student Member Information (if applicable):

School: _____ *Major:* _____ *Semester Hours:* _____

Company Name: _____

About/ Personal Bio: _____

Membership Profile Address:

This is your address to be used in your membership profile. It is not your credit card billing address

Street: _____

City: _____ State: _____ ZIP: _____ Country: _____

Member Email: _____ **Email Opt Out (Y / N)**

Opt out will only receive emails regarding membership renewal and Board elections.

Member Main Phone: _____ **Member Cell Phone (optional):** _____

Website: _____ (important if Consultant info is checked below)

Consultant (circle as many as applicable): TV Radio Wireless Other *Choosing any of these will publicly display your name, company and website on the AFCCE webpage to be contacted. Your email and phone number will NOT be shown for privacy*

Social Media:

Linked In: _____ Facebook: _____ Twitter: _____

AFCCE Member Since: _____

Scholarship Donation Amount (optional): \$ _____

Payment Total: \$ _____

Signature: _____

Make checks payable to "AFCCE" and mail to AFCCE, P.O. Box 19333, Washington, DC 20036