



AMERICAN ELECTROLOGY ASSOCIATION
PLEASE MAIL YOUR MEMBERSHIP DATA FORM TO:
Linda Sammel, CPE ♦ 31 Jason Lane ♦ Stafford, VA 22554

Please Note

BUSINESS NAMES ARE NOT INCLUDED IN THE ROSTER. IT IS A MEMBERS DIRECTORY FOR *NEEDLE-TYPE ELECTROLOGISTS*.
CPE IS THE ONLY LISTED CREDENTIAL BY VOTE OF THE BOARD OF DIRECTORS.

AEA membership year runs from January 1 to December 31.

◆ **ROSTER INFORMATION ONLY** ◆

Please enter your BUSINESS ADDRESS and TELEPHONE NUMBER. This data will appear in the Roster as submitted.

Your Name _____ State License # (if applicable) _____

BUSINESS Address _____ Suite/Apt # _____

City _____ State _____ Zip _____ Country _____

Business Phone (_____) _____ Fax: (_____) _____

E mail (*NO WEB ADDRESSES*): _____

Modality: Shortwave _____ Blend _____ Multiple Needle Galvanic _____ Check here if you are a CPE!

◆ **MAILING ADDRESS ONLY** ◆

Please enter your mailing address if different from the above Roster information.

Business Name (*only if necessary for postal delivery*) _____

Mailing Address (please print) _____ Suite/Apt # _____

City _____ State _____ Zip _____ Country _____

Please Include Home Phone (_____) _____ (Important: for office use only!)

◆ **ADDITIONAL BUSINESS LISTING(S)** ◆

Additional listings may be included in the Roster for a fee of \$15.00 for each additional listing.

2nd Location

Street Address (please print) _____

City _____ State _____ Zip _____ Country _____

Business Phone (_____) _____ Fax: (_____) _____

3rd Location

Street Address (please print) _____

City _____ State _____ Zip _____ Country _____

Business Phone (_____) _____ Fax: (_____) _____

PLEASE MAKE CHECK PAYABLE TO AEA OR CREDIT CARD

VISA; MasterCard; Discover/Novus

Amount of charge \$ _____ Exp. Date _____

Card # _____

Signature _____

**IF YOU ARE A PAST MEMBER OF
THE AEA, PLEASE STATE PREVIOUS
NAME (*if applicable*) AND AEA
MEMBERSHIP #: _____**

OFFICE USE ONLY: Date Received: _____
Payment: \$ _____ Check Number: _____