

# The National Association of Power Engineers, Inc.

1 Springfield Street Chicopee, MA 01013 (413) 592-6273 nape@onecommail.com

## Membership Application

### NY #3 - Rochester

\* Name: \_\_\_\_\_ Employer: \_\_\_\_\_

\* Address: \_\_\_\_\_ Address: \_\_\_\_\_

\* City: \_\_\_\_\_ City: \_\_\_\_\_

\* State / Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_

\* Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* Are you a licensed engineer? \_\_\_\_ Yes \_\_\_\_ No Title: \_\_\_\_\_

Email: \_\_\_\_\_ Sponsor: \_\_\_\_\_

### \* Required

### Membership Dues

Membership dues include initiation fee and Chapter dues, if applicable.

| Month Joined                | Automatic Renewal | Manual Renewal |
|-----------------------------|-------------------|----------------|
| January, February, March    | \$115             | \$135          |
| April, May, June            | \$95              | \$110          |
| July, August, September     | \$75              | \$85           |
| October, November, December | \$55              | \$60           |

Subject to approval by Chapter vote.

\_\_\_\_\_ I am paying my N.A.P.E. annual dues with the manual option by credit card, check or money order (U.S. dollars only)

\_\_\_\_\_ I am paying \$1,500 for LIFE MEMBERSHIP in N.A.P.E. (Chapter portion of dues must be paid annually, if applicable.)

\_\_\_\_\_ I am over 70 years of age and I have discounted my yearly dues by \$5. (Proof of age is required to receive discount).

\_\_\_\_\_ I authorize N.A.P.E. to automatically charge my credit card annually for my yearly dues. **I understand that this option allows me to save \$20 annually.** I understand that if I wish to cancel my membership for any upcoming year, it is my responsibility to notify N.A.P.E. prior to December 31st by phone or writing.

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express

Name on Card: \_\_\_\_\_ Date \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Does billing address of credit card match above address? \_\_\_\_ Yes \_\_\_\_ No

If not, please indicate billing address: \_\_\_\_\_

|                       |   |
|-----------------------|---|
| Office<br>Use<br>Only | Member No. _____ Payment _____ Date _____ |
|                       | Coding _____                              |