



The National Association of Power Engineers

One Springfield Street, Suite One • Chicopee, MA 01013-2967 • 413-592-6273 • nape@powerengineers.com

Membership Application

IA02 - Des Moines

*Name: _____ Employer: _____

*Address: _____ Address: _____

*City: _____ City: _____

*State/Zip: _____ State/Zip: _____

*Phone: _____ Work Phone: _____

*Are you a licensed engineer? Yes No Title: _____





If yes, please provide your license grade and number: _____ Sponsor: _____

e-mail: _____ *Required Items, e-mail required for website access.

Membership Dues

Membership dues include a one-time National Initiation fee of \$30.00 and Chapter Dues of \$15.00. Your regular annual dues will be charged on the anniversary of your join date.

| | Automatic Renewal (20% Discount) | Manual Renewal |
|----------------------------------|----------------------------------|-----------------|
| National Dues | 96.00 | 120.00 |
| One-Time National Initiation Fee | 30.00 | 30.00 |
| Chapter Dues | 15.00 | 15.00 |
| Total Due Now | \$141.00 | \$165.00 |
| | | |
| Your Annual Dues Next Year | \$111.00 | \$135.00 |

- 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 \$1,500.00 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 \$5.00. (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, e-mail or in writing.
- Paying by Check  MasterCard  Visa  American Express 

*If paying by credit card the below fields are required.

Name(Printed Clearly): _____ Signed: _____

Card Number: _____ Expiration: _____

Security Code (CVV): _____ Name(As it appears on card): _____

Billing Street Address: _____ City: _____ State: _____ Zip: _____

**Office
Use
Only**

Member Number: _____ Payment: _____ Date: _____
Coding: _____