



# The National Association of Power Engineers

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

## Membership Application

NY06 - Nassau County

\*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 \$40.00 in Chapter Dues (\$50.00 for Associate Members). Your regular annual dues will be charged on the anniversary of your join date.

	Automatic Renewal (20% Discount)		Manual Renewal	
	Active Member	Associate Member	Active Member	Associate Member
National Dues	96.00	96.00	120.00	120.00
One-Time National Initiation Fee	30.00	30.00	30.00	30.00
Chapter Dues	40.00	50.00	40.00	50.00
<b>Total Due Now</b>	<b>\$166.00</b>	<b>\$176.00</b>	<b>\$190.00</b>	<b>\$200.00</b>
Your Annual Dues Next Year	\$136.00	\$146.00	\$160.00	\$170.00

- 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: \_\_\_\_\_

<b>Office Use Only</b>	Member Number: _____ Payment: _____ Date: _____
	Coding: _____