

The National Association of Power Engineers, Inc.

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

Membership Application

RI #1 - Providence

* 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	\$110	\$130
April, May, June	\$90	\$105
July, August, September	\$70	\$80
October, November, December	\$50	\$55

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 Use Only	Member No. _____ Payment _____ Date _____
	Coding _____