



AMERICAN FOREIGN SERVICE ASSOCIATION 2021 ASSOCIATE MEMBERSHIP APPLICATION

Demographic Information

Name		Nickname	
<input type="text"/>		<input type="text"/>	
Street Address		City, State, Zip	
<input type="text"/>		<input type="text"/>	
Date of Birth	Gender	Ethnicity (Optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Former Cone/Specialty/Backstop		Name of Spouse/Partner	
<input type="text"/>		<input type="text"/>	
Home Phone		Email Address	
<input type="text"/>		<input type="text"/>	

Credit Card or Check Information

Name (as it appears on card)		Credit Card Number	
<input type="text"/>		<input type="text"/>	
Credit Card Type	Expiration Date	Amount Due	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	<input type="text"/>	<input type="text"/>	
Signature	Check	Check Number	
<input type="text"/>	<input type="checkbox"/> See Attached Check	<input type="text"/>	

Dues Rates

CATEGORY	ANNUAL DUES
<input type="checkbox"/> Associate	\$120.65