



# AHEPA CREDIT CARD AUTHORIZATION FORM

Chapter No. \_\_\_\_\_ District No. \_\_\_\_\_ Membership No. \_\_\_\_\_

Name			
Address			
City	State	Zip	
Home Phone	Cell Phone		
E-Mail Address			

Payment is for:

Renewing for 2024 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_

Initiating for 2024 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_ (Initiated January 1– October 31, 2024)

Initiating for 2024-2025 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_ (Initiated November 1–December 31 2024)

Reinstate for 2024 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_ (Reinstated January 1– October 31, 2024)

Reinstate for 2024-2025 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_ (Reinstated November 1– December 31, 2024)

**Chapter Officers: please attach payment list/or billing statement when submitting dues remittance. If paying for reinstating or initiating member, please attach application form(s). Also note, application form MUST have the official date of initiation or reinstatement in order for the member to be credited with the appropriate paid through date.**

Total Amount Authorized \$ \_\_\_\_\_

Method of Payment:  Visa  MasterCard  Discover  Amex

Card Number	
Expiration Date	
CVV (Security) #	

Signature	Date
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Name as appeared on the card if other than your name	
Credit card billing address if other than the address listed above	

Please mail to: AHEPA

1909 Q Street, NW, Ste 500, Washington, DC 20009

Fax (202) 232-2140 / Email: [membership@ahempa.org](mailto:membership@ahempa.org)

If you have any questions, please feel free to call us at (202) 232-6300 or visit our website [www.ahempa.org](http://www.ahempa.org) for general information, updates on events, merchandise supplies.