



# 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:

Renewal for 2025 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_

Reinstating for 2025 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_

Initiating for 2025 Per Capita Tax (\$50.00) # of Member(s) \_\_\_\_\_

**(For Chapter Officers - please attach payment list/or billing statement. Paying for reinstating or initiating member, please attach application form(s) when submitting payment)**

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

**Method of Payment:** ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Card Number	
Expiration Date	
CVV (Security) #	

<b>Signature</b>	<b>Date</b>
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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:**  
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.*