

ARIZONA STATE ESCROW ASSOCIATION

2011-2012 MEMBERSHIP FORM

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ Date: _____

Address: _____

City _____ ARIZONA, Zip Code _____

Employer _____

Employer's Address: _____

City _____ ARIZONA, Zip Code _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Fax # _____

Home Email _____ Business Email _____

Association information will be mailed to your home address, or emailed to your home email if email address is provided.

Membership is individual... "not corporate or employer"...and must be renewed annually to remain in good standing.

ASEA Professional Designations Held (if applicable): CEA [] CAEO [] CEO [] CSEO [] CEI []

NOTE: The membership year runs from August 1, 2011 thru July 31, 2012.

The basic annual dues are \$100.00 which is allocated with \$50.00 to ASEA (State) and \$50.00 to AEA (National).

**THIS IS YOUR ORGANIZATION!
PLEASE SHOW YOUR SUPPORT BY JOINING AND ATTENDING
THE BOARD MEETINGS, WORKSHOPS, AND/OR SEMINARS!!!!**

FEE ENCLOSED:

\$ _____ Member Renewal - \$100
**REQUIRED to maintain Professional
Designation Status**

\$ _____ New Member - \$110
NOTE: If you do not renew your
membership each year, you will be
considered a "NEW" member when
signing up next time.

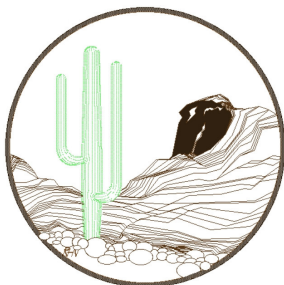
\$ _____ Affiliate Member - \$300 Those natural
persons employed in allied fields. Includes
membership to AEA

\$ _____ Honorary Life Member - \$50
Includes membership to AEA

PLEASE INDICATE COMMITTEE INTEREST(S) BELOW:

If you would be willing to assist for one day or one event,
please indicate your time and interest here.

Month	Committee
_____	_____ Education, Program & Seminar
_____	_____ Membership
_____	_____ Newsletter
_____	_____ Hospitality
_____	_____ Professional Designation
_____	_____ Conference
_____	_____ Membership Enhancement
_____	_____ Membership Services



Website Addresses:

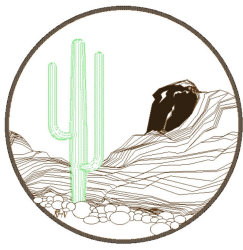
National: www.a-e-a.org

State: www.azsea.org

Send completed form with credit card authorization, or check/money order payable to:

Arizona State Escrow Association

P O Box 3709, Gilbert, AZ 85299



Arizona State Escrow Association

Authorization for Credit Card:

METHOD OF PAYMENT

- VISA
 MasterCard

Card # _____

Vin # _____

Exp. Date: _____

Amount Authorized: \$ _____

- For: Educational Materials
 Registration for Class **or** Conference (registration form attached)
 Professional Designation Test Application Fee (application attached)
 ASEA Membership – New or Renewal (form attached)
 Meals

Name: _____
(as it appears on card)

Billing Address: _____

City State Zip

Email Address: _____

Phone No.: _____

Signature: _____

Print Name: _____

Date: _____