

AADE HOUSTON CHAPTER

2025 Membership Year

Membership Application

Name:				AADE, Hou PO Box 107	payments to: Iston Chapter 7 X 77001-0107	
Company:				Email form		
Address:				aadecarolyr	n@att.net	
City:		_State:	Zip:			
Email is required:						
Phone:						
Classification: O	perator 🗌 🤇	Contractor	Service Co.	Student	Other 🗌	
<u>Descriptio</u> Membersh	<u>n</u> ip Fee	<u>Period</u> 01/01/25 thru 12/31/25			<u>Amount</u> \$50.00	
The Houston Chaconferences, the tournament, saltware	monthly lu	ncheon spea	aker programs	s, sporting c	•	
Select Card Type:	□American	Express □V	ISA □Discove	er □ MasterCa	ard	
\$52.25 Total C *A processing fee o		es to the total.				
CREDIT CARD IN	<u>IFORMATIO</u>	<u>N:</u>				
Name as it appears on credit card			Zip code for c	Zip code for credit card billing address		
Card No.			Expiration Da	te	CV	
Signature			– ————————————————————————————————————			