



# Membership Application

**I hereby apply for membership in the AFSA Independents Section.**

**My company is an Active (finance company) member.**  
**Annual Fee: \$125/company (January 1 – December 31)**

**My company is an Associate (industry supplier) member.**  
**Annual Fee: \$175/company (January 1 – December 31)**

**\*\* Companies joining after June 1<sup>st</sup> may prorate their dues.**

**COMPANY NAME:** \_\_\_\_\_

**NAME OF REPRESENTATIVE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PAYMENT: Check enclosed (payable to AFSA) or Credit Card:**

**American Express**  **Visa**  **MasterCard**  **Discover**

**Credit Card Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Name of Cardholder:** \_\_\_\_\_

**Please return with payment to:  
AFSA Membership Department  
919 18<sup>th</sup> St. N.W.  
Washington, DC 20006  
(202) 296-5544**