



NEW YORK ELECTROLYSIS ASSOCIATION

Application for Affiliate Membership to NYEA

****All information will be held confidential****

This application is for Affiliate Members

Please check

Affiliate Member (Out-of-State AEA Member)

Affiliate member of: _____

For Year: _____

Membership Year is January 1 to December 31

It is the responsibility of the Applicant to reapply annually to remain an affiliate member of NYEA and to report changes in any and all contact information

Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Name: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Web Address: _____

Which above address would you like correspondence sent to:

Home

Business

License Number(if in a licensed state): _____

(NOTE: A copy of license must accompany this application, if applicable)

CPE Number: _____ AEA Member Number: _____

Affiliate Members It is understood that if my application is accepted, I agree to abide by the By-Laws and Code of Ethics of the NYEA. It is further understood that any plaques, insignia or certificates indicating membership in the NYEA are the property of the organization and are to be returned to the organization on demand if my membership should be terminated for any reason whatsoever.

Signature: _____

Date: _____

NOTE: After printing this application, please complete and forward the affiliate fee of **\$85** made payable to **NYEA** and forward to the person listed below. The additional membership fee of NYEA is separate and apart from the AEA renewal fee that is received in the fall of each year. You will be notified of your acceptance to NYEA.

**Catherine LaGrutta, CPE, NYEA Treasurer NYEA
7420 Ridge Blvd 5H
Brooklyn, New York 11209**