



## Certification Fee Payment Form AFC & CHC

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Is the above address work or home ?

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Designation	Annual Renewal Fee		Payment Year			Total Amount
AFC	\$45.00	2010	2011	2012	2013	\$ _____
CHC	\$60.00	2010	2011	2012	2013	\$ _____

*(Note: The CHC designation includes the AFC. Therefore, if you are a CHC, **only pay \$60.00**)*

Payment Type:      Cash              Check              VISA              MasterCard              American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail payment to:      AFCPE- Certification Renewal      Or Fax this form to: 703-684-4485  
1940 Duke Street, Suite 200  
Alexandria, VA 22314