



## 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
<input type="checkbox"/> AFC	\$45.00	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011	\$ _____
<input type="checkbox"/> CHC	\$60.00	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011	\$ _____

*(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: 614-485-9621  
1500 W Third Ave, Suite 223  
Columbus OH 43212