



**THE ASSOCIATION OF ENTERTAINMENT PROFESSIONALS WORLDWIDE
73 SOMERTON PLACE • COLUMBIA SC 29209 • AEPWORLDWIDE.ORG**

AEP WORLDWIDE UNIVERSITY/COLLEGE MEMBERSHIP FORM

NAME OF COLLEGE/UNIVERSITY: _____

PRIMARY COLLEGE REPRESENTATIVE NAME: _____

JOB TITLE: _____ WEBSITE: _____

PHONE NUMBERS: _____ (OFFICE) _____ (CELL)

EMAIL ADDRESS: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ADDITIONAL COLLEGE REPRESENTATIVE (s) NAME: _____

JOB TITLE: _____ WEBSITE: _____

PHONE NUMBERS: _____ (OFFICE) _____ (CELL)

EMAIL ADDRESS: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

All memberships run 365 days from the date the College/University initially joined. Note that University/College Membership provides for UNLIMITED number of University/College representatives to attend AEP's Signature Conference at the discounted AEP Member rate.

COMPLETE INFORMATION BELOW:

\$ _____ COLLEGE/UNIVERSITY ANNUAL MEMBERSHIP (Fee: \$199)

\$ _____ TOTAL FEE TO BE PAID

PAYMENT INFORMATION: All payments must be in U.S. Funds and are due with this APPLICATION Form.

_____**CHECK IS ENCLOSED WITH THIS APPLICATION**

_____**CREDIT CARD PAYMENT:** ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

ACCOUNT# _____ EXP DATE _____ SEC CODE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

**RETURN THIS FORM & PAYMENT TO: AEPWORLDWIDE, 73 SOMERTON PLACE, COLUMBIA, SC 29209
FAX TO: (803) 787-8073 or EMAIL TO: leona@aepworldwide.org**