



**ASHE – Carolina Piedmont Section, P.O. Box 33243
Charlotte, North Carolina, 28233**

ashecps.org

Membership Renewal Application

MEMBER:

AMOUNT DUE: DATE:

INVOICE

Please update the following information and return with your dues. Thank you.

Business Address		Home Address	
Name		Name	
Address 1:		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Use Home as Default Address

Make checks payable to **ASHE Carolina Piedmont Section:**
Private Company Employee = \$50.00, Government Employee = \$35.00
 Mail a copy of this invoice and payment to:
 A.S.H.E. Carolina Piedmont Section, P.O. Box 33243, Charlotte, NC 28233