



JED SUBSCRIPTION

Member ID is required for renewal: _____

Agency Information

Agency Name: _____

Agency Point of Contact: _____

POC email: _____

SUBSCRIPTION AGENCYS RECEIVE 15% DISCOUNT: POC will be used to verify Agency

Customer information

Customer Name: _____

Customer email: _____

Email will be used for online profile*

Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____ **Country:** _____

DOMESTIC: 1 Year \$200 _____ 2 Year \$350 _____ **Quantity** _____

FOREIGN: 1 Year \$300 _____ 2 Year \$500 _____ **Quantity** _____

Payment Information (Make checks payable to Association of Old Crows)

Payment (US dollars only) Check One:

____ Check enclosed ____ Visa/MasterCard ____ Discover ____ American Express

____ Wire Transfer (contact us for bank information and wire transfer fee)

CREDIT CARD NUMBER _____ **EXPIRE DATE** _____

Please Sign _____ **Date** _____

Please email form to blain@crow.org

Please fax or mail forms to:

The Association of Old Crows

1555 King St. Suite 500

Alexandria, VA 22314

FAX: 703-549-2589 PHONE: 703-549-1600

Missing JED must be requested on our website in 4 months * Shipping fees might be required