



MEMBERSHIP ENROLLMENT FULL - ASSOCIATE - TDY

Type of Membership: ☐ Full ☐ Associate ☐ TDY Expected Tour End: MM / YYYY

First Name: Last Name:

Agency: Email:

Cell Phone: +233 (0) Office Phone: +233 (0) Ext:

Eligible Family Members (EFM) - Must be listed on orders 16 and over (For voting membership purposes)	Date of Birth
Spouse / SO:	
EFM 1:	DD / MM / YYYY
EFM 2:	DD / MM / YYYY

AEA members must be aware that the AEA operates according to State Department regulations, which restrict the access and use of duty-free goods only to persons with duty-free privileges. **Merchandise may not be purchased from the commissary on behalf of non-members or resold to any non-member. Abuse of these privileges could result in the dissolution of the Association.** I fully understand the information and requirements for membership and I agree to fulfill the duties and responsibilities of an AEA member.

Applicant Name	Applicant Signature	Date
		DD / MM / YYYY

After filling-out the form, please return it to the AEA

Admin Use Only

	Name	Signature	Date
Agency rep. TDYers only			DD / MM / YYYY
Embassy HR/ USAID EXO			DD / MM / YYYY

AEA Use Only

Monthly Fee	Number of Months	Total Due	Type of Payment Cash / On Account / Check	Total Paid	Payment Date
\$10.00			Check Number		DD / MM / YYYY

AEA Executive Director: ☐ Approved ☐ Rejected Signature / Date