



MEMBERSHIP ENROLLMENT

DIPLOMATIC - AFFILIATE

Must attach a Minister Of Foreign Affairs ID

Type of Membership: <input type="checkbox"/> Diplomatic <input type="checkbox"/> Affiliate	Expected Tour End: MM / YYYY
First Name: 	Last Name:
Employer: 	Email:
Cell Phone: +233 (0)	Office Phone: +233 (0) Ext:

Family Members - Must attach a Minister Of Foreign Affairs ID 16 and over (For voting membership purposes)	Date of Birth
Spouse / SO:	
Member 1:	DD / MM / YYYY
Member 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

Non-USG Only	Name	Signature & Stamp	Date
Employer Rep. / USAID EXO			DD / MM / YYYY

-----AEA Use Only-----

	Name	Signature & Stamp	Date
US Embassy HR/ MGT			DD / MM / YYYY

Monthly Fee	Number of Months	Total Due	Type of Payment Cash / On Account / Check	Total Paid	Payment Date
\$15.00			Check Number		DD / MM / YYYY

AEA Executive Director: ☐ Approved ☐ Rejected Signature / Date