



AFS Tidewater Chapter Membership Form

Date: _____

Full Name: _____

Title: (Dr/Mr/Mrs) _____

Affiliation: _____

Address: _____

Email: _____

* Tidewater Chapter dues are \$10.00 annually.

To join the AFS Tidewater Chapter as a new member or to renew your previous membership, **please submit completed form and \$ 10.00 payable to:**

Tidewater Chapter AFS
c/o Stephanie McInerney
TWC Secretary/Treasurer
209 Brigantine Ct.
Cape Carteret, NC 28584