



2024 KAEP Membership Form

Name: _____

Clinic: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

2024 Membership Dues: (Please Circle One)

Current KAEP Member - \$60.00

NEW KAEP Member (Discounted) - \$30.00

Membership renewal and payments can be made online by visiting our website:

www.kaep.info and click **JOIN/RENEW!**

Or you may mail completed form and dues by check to:

KAEP

P.O. Box 12583

Lexington, KY 40583

Please make checks payable to KAEP.