



LEX Credit Card Payment Form

Name of Chapter: _____

Student's Name: _____

Method of Payment:

VISA MasterCard American Express

Credit Card #: _____

Exp. Date: _____

Authorized Signature: _____

LEX Induction Fee: \$ _____ LEX Graduation Sash: \$ _____

Total to be charged to Credit Card: \$ _____

Please return this form to your institution's Program Director.

American Association for Paralegal Education (AAfPE)
19 Mantua Road
Mt. Royal, NJ 08061
(856) 423-2829 Fax: (856) 423-3420
info@aafpe.org
www.aafpe.org