

Professional Association Renewal and Fee Payment Sheet

Please fill out this form, print the completed sheet, and return it via mail or fax to the Association Administration Office.

1. Member Information

Full Name:

Membership ID Number:

Email Address:

Phone Number:

Mailing Address:

City, State, Zip Code:

2. Renewal Category & Fees

Please enter your desired membership level and the corresponding fee amount below.

Membership Level (Active / Associate / Student):

Annual Dues Amount (\$):

Voluntary Scholarship Contribution (\$):

Total Payment Amount (\$):

3. Payment Method

Specify payment type (Check / Credit Card):

If paying by Credit Card, please complete the section below:

Cardholder Name:

Card Number:

Expiration Date (MM/YY): Security Code (CVV):

Billing Zip Code:

If paying by Check, make checks payable to "Professional Association Administration" and write your Member ID on the memo line.

4. Authorization and Signature

By signing below, I authorize the Professional Association to process my renewal and charge the designated payment method for the total amount listed above.

Authorized Signature (Sign after printing):

Date: