



Corporate Membership Application

- Renewal
- New Member

Date: _____

Company Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip:

May we publish your company name and address in our Membership Directory? Yes No

Contact Person:	
Phone:	Fax:
E-Mail:	

Number of Memberships (Minimum of 3) x \$125.00 (USD) = \$ _____
 Minus corporate membership discount of 10% - _____
Total Due \$ _____

NOTES

1. An individual membership application **MUST** be attached for each member and fees **MUST** be paid by corporate check or credit card. The individual applications should not contain payment information. Applications are available at www.aamas.org.
2. Membership applications, contact information, and payment **MUST** be received prior to February 1 to qualify for the Corporate Discount.

To pay by Credit Card:

Type of Card:	Credit Card #:	Exp Date:
(VISA, M/C, AMEX, DISC)		(Month/Year)

Please complete the following if billing information is different than the primary contact information above:

Name on card:		
Billing Address:		
City:	State:	Zip:

Signature:

To pay by check: Make your check payable to AAMAS (if needed, our Tax ID is 65-0573775)

Please FAX or MAIL your completed application to:

AAMAS
PO Box 47609
San Antonio, TX 78265-8609
FAX: 1-866-851-6715

For additional information email Barbara Thompson at admin@aamas.org

