



Please Return to:
AAHAM Membership Department
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030
Fax: 703.359.7562
Email: info@aaham.org

National Membership Payment Plan Agreement

Name Member ID

Employer Name Email Address

Address Work

City State Zip Country

Work Phone Cell Phone Secondary Email Address Local Chapter

Address Home

City State Zip Country

Payment Plan Options

All payments will be made on consecutive months

\* Local chapter dues will be charged with the first installment payment

- 3 Month Payment Plan: \$69.00\*, \$70.00, \$70.00
4 Month Payment Plan: \$52.25\*, \$52.25, \$52.25, \$52.25
6 Month Payment Plan: \$34.00\*, \$35.00, \$35.00, \$35.00, \$35.00, \$35.00

Payment Method:

- Amex Visa MasterCard

This agreement is subject to the following provisions. I understand and agree that:

- 1. Installment Payment Plans require an initial deposit equal to 1/3, 1/4, or 1/6 of your national dues payment based off the plan selected and any local chapter dues.
2. Subsequent consecutive monthly payments will be 1/3, 1/4, or 1/6 of unpaid fee balance. The first installment will be charged upon receipt, and each installment will be charged on the credit card provided in equal payments on the 20th of each month until the balance is paid off.
3. The installment payment plan is only available for Full National Dues no less than \$209.00.
4. National Membership will not be active until all payments are completed.
5. All payments are nonrefundable, and incomplete payments will result in ineligibility for future Installment Payment Plans, and forfeiture of fees already paid.

Card Number

Exp:

CVV2 Code:

Name as it appears on card

Billing Address for Credit Card:

I authorize AAHAM to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify AAHAM in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature

Date

Please allow two weeks for processing after your application is received at the national office. Dues are not tax deductible as a charitable contribution, but may be as a business expense. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

Please note: AAHAM's membership year is from January to December, it is not anniversary based. Membership is on an individual, not institutional, basis and is non-transferable.