

National Association of Scientific Materials Managers
NAOSMM 2011
Associate Membership Dues Renewal Invoice Statement

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

URL for Web Site: _____

Please remit your Corporate Membership dues in the amount of \$100.00, (1 representatives), along with the original of this form to the NAOSMM treasurer. Payment options and address are given below.

Please select only one choice:

We are renewing our dues by check. Please make payable to **NAOSMM**. Check# _____

We are renewing our dues by credit card. Please fill in form and mail, fax or call.

We are not renewing our dues at this time. Please mail or fax statement.

Mail all payments and statements to:

Submit to: Virginia A. Sari
Princeton University
Frick Chemistry Laboratory
Washington Road
Princeton, NJ 08544-1009

Phone, fax, and email information:

Phone: 609-258-3881
Fax: 888-363-0786
Vasari@Princeton.Edu

Credit card information:

Card Type (check one) Visa Master Card American Express

Card Number _____

Card Expiration Date (Month/Year) _____ / _____

Card Security Code: _____

Billing address of the card holder _____

Zip Code of Card Holder _____

E-mail Address _____

Authorized Signature of Cardholder _____

Printed Signature of Credit Card Holder _____

Your one representative is:

Member #1
Name
Title
Address
City
State, Zip
Tel
Fax
Email