

National Association of Scientific Materials Managers
NAOSMM 2010
Associate Membership Dues Renewal Invoice Statement

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please remit your Associate Membership dues in the amount of \$100.00, (1 representative), 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:

Phone, fax, and email information:

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

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