

National Association of Scientific Materials Managers
NAOSMM 2011
 Corporate 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 \$175.00, (3 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 three representatives are:

Member #1 [will receive database]	Member #2	Member #3
Name	Name	Name
Title	Title	Title
Address	Address	Address
City	City	City
State, Zip	State, Zip	State, Zip
Tel	Tel	Tel
Fax	Fax	Fax
Email	Email	Email