

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

Company: _____
 Contact name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

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:

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 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

URL for Web Site _____