Association of
Anatomy
Cell
Biology *and*
Neurobiology
Chairpersons

2010-2011
MEMBERSHIP DUES INVOICE

Membership Renewal

Your membership renewal and continued support of the AACBNC is very important and is greatly appreciated.

Information we have on file for you:

Please use this area to make necessary changes to your address:

Phone:
E-Mail Address:

Description	Amount Due	Date Due
2010-2011 Annual Membership Dues (Note: These dues are for the 2010-2011 Academic Year)	**$350.00**	**July 1, 2010**

PAYMENT INFORMATION

Purchase Orders cannot be accepted. Payment can be made either by CHECK (payable in US dollars only) or by Credit Card (MasterCard, Discover or VISA). If you opt to pay with a credit card, this completed form can be faxed to: (304)696-7290 or the information can be called in to (304) 696-7390. PLEASE NOTE: IF YOU PAY WITH A CREDIT CARD, THE CHARGE ON YOUR STATEMENT WILL SHOW AACBNC.

Credit Card Information: Visa ❑ MasterCard ❑ Discover ❑ Expiration Date _____/_____

Credit Card#___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Security Code: __/__/__/

Print Cardholder's Name _____

Billing Address _____

City_____ State_____ Zip_____

Signature_____ Telephone _____

METHOD OF PAYMENT NO. 2. Check ❑

Please make U.S. Checks or International money orders payable in US dollars only to:

AACBNC, c/o Dr. William B. Rhoten
Department of Anatomy & Pathology
Joan C. Edwards School of Medicine at Marshall University
1542 Spring Valley Drive
Huntington, WV 25704-9388 USA

TO PROPERLY CREDIT YOUR ACCOUNT WHEN PAYING BY CHECK A COPY OF THIS FORM SHOULD ACCOMPANY PAYMENT

**The* *AACBNC is a non-profit organization. FEIN 910850360.*