

# MEMBERSHIP ORDER FORM



NAME

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MAILING ADDRESS

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CITY, STATE, ZIP

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BILLING ADDRESS (if  
different than mailing)

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PHONE

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EMAIL

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CARD #

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EXP. DATE

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SECURITY CODE

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NEW MEMBER  \$36

RENEWAL  \$32

2-YEAR  \$59

CANADA  \$43 (\$81 for 2 years)

OVERSEAS  \$49

HEALTHCARE PROFESSIONAL  \$50

ADDITIONAL DONATION  \$

**TOTAL**     \$ \_\_\_\_\_

Additional Notes: