AMERICAN ASSOCIATION OF CERTIFIED ORTHOPTISTS

10 W. Phillip Rd., Suite 120, Vernon Hills IL 60061-1730 • 800/838-3627 • *Fax:* 847/680-1682

2020 Dues Statement

For fiscal year January 1, 2020 - December 31, 2020

FAX to: 847-680-1682 or EMAIL to: Rich@RichardPaulAssociates.com

Print

Save/Email

June 22, 2020

Please provide the information requested below

Member's name: _____

Member ID number: _____ (appears on your dues invoice)

Mailing address: _____

street, city, state, zip

E-mail address: _____

Would you like your mailing address to be published in the 2020 directory: ☐ Yes ☐ No

Amounts Owed

2020 Annual Dues . . . . . $ _____

Please indicate your member category below:

☐ *Full membership - ACTIVE ($200)*

☐ *Full membership - ASSOCIATE ($200)*

☐ *2019 Newly Certified Orthoptist ($100)*

Printed Directory - $10.00 (will be mailed in August) . . . . . $_____

AACO Fund Donation . . . . . $_____

Tribute Fund in the Name of _____

Total Amount -- *enter amount here* ☞ **. . . . . $**_____

Payment Information ☐ Payment-in-full now ☐ Installments - 6 equal payments, July-December

Credit card payments only

Form of Payment ☐ Check ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

(Make checks payable to: *American Association of Certified Orthoptists*)

Credit card payments

Credit Card # | | | | | | | | | | | | | | | | Exp. Date | | | / | | |

Security Code (3 or 4 digits) | | | | |

Name on card _____

Signature _____

Billing address _____

Billing city/state/zip _____