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AmSAT Associate Membership Form

Please note that this level is membership is not open to Alexander Teachers or Trainees

Name: _____

Address: _____

Phone: _____

Email: _____

Referred by (name of AmSAT member): _____

I have enclosed my \$55 payment for one year of Associate Membership to AmSAT

Method of Payment:

- Check Enclosed
- Credit Card (please fill out information below)

Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard

Card #

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Exp. Date

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 Security Code*

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**3-digit number on back of card*

Person's Name on Credit Card: _____

Signature: _____