

AmSAT 1st / 2nd / 3rd Year Membership Form

Please complete this form and return it to AmSAT by faxing to 937.586.3699, or sending to the address above.

If you are making your payment by check, please send this form with your payment.

Yes, I would like to join AmSAT as a full voting member. I authorize the charge of \$155.00 as payment for my annual dues which will expire one year after receipt of payment.

Monthly Payment Plan Option: 12 monthly payments of \$16, starting the month we receive this form; you must commit to and authorize recurring charges for a one-year timeframe. Monthly payment will be charged to your account on the 10th day of each month. **This option is not available online; this form must be submitted by mail or fax.**

Name: _____

Shipping Address: _____

Billing Address (if different from shipping): _____

Payment: Visa MasterCard Check # _____

Card #

Exp. Date / Security Code*

**3-digit number on back of card*

Name on Card (if different from above): _____

Signature _____

Date _____