MEMBERSHIP RENEWAL FORM

TITLE: [ ] Prof. [ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms.

SURNAME: NAME:

Office Tel.: Office Fax: Email: (This is the main method of communication. Please update us regularly.)

CORRESPONDANCE ADDRESS:

PAYMENT INSTRUCTION

☐ USD70 (Dues fee for STANDARD A-PHPBA MEMBERSHIP) + credit card processing fee USD5

* If you want to renew your Combined IHPBA/A-PHPBA membership, please renew through the IHPBA website by your IHPBA username and password.

CREDIT CARD INFORMATION: VISA / MASTERCARD / AMERICAN EXPRESS (Please delete as appropriate)

Issuing Bank: Expiry Date: Security Code:

Cardholder’s Name as it appears on the Credit Card:

Cardholder’s Billing Address if different from the above

By signing below, you authorize charging your credit card for the membership dues and processing fee indicated above.

Cardholder’s Signature: Date:

ALL COMPLETED FORM SHOULD BE RETURNED TO A-PHPBA SECRETARIAT FOR PROCESSING. Thank You

N. B.: Dues (subscription) are valid from January through December regardless of the date payment is made.

According to the Articles (11) and (12), any member who fails to pay the subscription (dues) for two consecutive years, will be deemed to have resigned from the organization (A-PHPBA).