

AMCA Membership Renewal Form

Name: _____ Nr. _____ Exp. _____

Please PRINT

Year

Dues Options

1 Year – \$10

3 Years - \$25

5 Years - \$40

Life - \$100

Check # _____ Amount: \$ _____

MO# _____ Amount: \$ _____

AMCA Initials _____ Date _____

AMCA USE ONLY

[COMPLETE the following Only if you have Changes or Updates]

Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____

Email Address: _____

I also need the following replacement items: **Check ALL that apply.**

• New "RM" Badge \$3.00

• New "LM" Badge \$10.00

• New "L/CM" Badge \$10.00

• New Lanyard \$5.00

Total Amount: \$ _____

(Dues + Replacement items)

INSTRUCTIONS:

- Please Fill-In your Name, Member # and Expirations Year.
- Circle One (1) of the Four (4) Dues Options
- Check Replacement Items that Apply.
- IF You have ANY Changes or Updates please Include them in the Space Provided
- Enclose a Check or Money Order made out to: AMCA
- Mail to AMCAHQ, PO Box 14001, Huntsville, AL 35815