



# AMLI

# 2020

<b>Fellow Member Dues</b> (Board certified or laboratory director)	\$175.00
<b>Regular Member Dues</b>	\$125.00
<b>MT/CLS, Student or Postdoctoral Dues</b> (Include a letter from your lab director or mentor)	\$50.00
<b>Corporate Dues</b>	\$750.00

**PLEASE CIRCLE APPROPRIATE CATEGORY**

**REMITTANCE - 2020 AMLI MEMBERSHIP DUES  
(DUES ARE FOR THE CALENDAR YEAR)  
(Please PRINT in BLACK ink)**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Institution of Employment \_\_\_\_\_

Address  Home  Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (o) \_\_\_\_\_ (h) \_\_\_\_\_

Fax \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

**PAYMENT:**

**By Check:** Enclosed is my check in the amount of \$ \_\_\_\_\_ (made payable to AMLI)

**By Credit Card:** Please charge my VISA \_\_\_ Mastercard \_\_\_ (we do not accept Amex) \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name as it appears on card (please print) \_\_\_\_\_

Signature (for credit card payment only) \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, INCLUDE WITH YOUR PAYMENT, AND SEND TO:**

**Maggie Fogel, Administrator, AMLI  
40 Prospect Street, Portsmouth, New Hampshire 03801  
Fax 603-610-7288, Email: maggie@maggiefogel.com**