AFMR
American Federation for Medical Research
Develop and mentor tomorrow's leaders in medical research

AFMR Departmental/Group Payment Form – Tier 1

Date:

Office Use
Organization Name: _____
Organization Address: _____
Phone: _____ E-Mail: _____

Payment Due Date: upon receipt

Date	Charges	Amount
2016/2017	Tier 1 Departmental Membership Annual Fee	$1800.00
	Total Amount Due:	**$1800.00**

Please remit payment to:

American Federation for Medical Research
500 Cummings Center, #4550
Beverly, MA 01915
Attention: Membership Information Services Department

Choose Method of Payment: VISA ☐ MASTERCARD ☐ AMEX ☐ CHECK ☐
Your card number

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ (☐☐/☐☐) *expiration date (mm/yy)*

☐☐☐☐ *security code* Name on Card: _____

Billing Address:
_____

Institutional Information:
Name of Institution: _____
Department Chair: _____
Street Address:_____
City: _____ State: _____ Zip Code: _____
Phone:_____ Fax _____ Email: _____

MEMBERSHIPS (10 memberships are included with Tier 1 Departmental/Group membership)
Please list the names of up to ten (10) members and attach Departmental/Group Membership forms.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____