



AFMR Departmental/Group Payment Form – Tier 2

Date: _____

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

Payment Due Date: upon receipt

Date	Charges	Amount
2016/2017	Tier 2 Departmental Membership Annual Fee	\$950.00
	Total Amount Due:	\$950.00

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 (5 memberships are included with Tier 2 Departmental/Group membership)
 Please list the names of up to five (5) members and attach Departmental/Group Membership forms.

- _____
- _____
- _____
- _____
- _____