



AGEG CREDIT CARD FORM

NOTE: To be accepted, this form must be completed in full & accompanied by your Dues/Clinic Registration Form(s). Your card information/form will not be stored.

Name: _____

Company Name: _____

Phone: _____ Fax: _____ Email: _____

Membership Dues \$100 each Licensed Embalmer	\$ _____
Associate Membership Dues \$100 each Individuals that do not hold an Embalmers License, but are actively employed in an allied field of the profession of embalming	\$ _____
Member Clinic Registration \$100 each Received by 3-29-19	XXXXXXXXXXXX
Non-Member Clinic Registration \$225 each Received by 3-29-19	XXXXXXXXXXXX
Member Clinic Registration \$125 each Received After 3-29-19 or Onsite	\$ _____
Non-Member Clinic Registration \$250 each Received After 3-29-19 or Onsite	\$ _____
Golf Tournament Non-Members & Associates \$75.00 each	\$ _____
Banquet Ticket All Attendees \$40.00 each	\$ _____
Sponsorship _____ (Level)	\$ _____
Voluntary Contribution to Scholarship Fund	\$ _____
TOTAL AMOUNT REMITTED	\$ _____

We must have the following information for any & all credit card payments:

Card Type: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code for Card: _____

Full Name on the Credit Card: _____

Address for the Card: _____

Email for Receipt: _____