



AMA Alliance
550M Ritchie Hwy #271 Severna Park, MD 21146
TELEPHONE: 1-800-549-4619 FAX: 410-544-4640

REMITTANCE NO: _____ DATE: _____

ORGANIZATION NAME: _____

YOUR NAME: _____ PHONE # _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ Website: _____

DUES INFORMATION:

Period Covered by Dues Collected: _____

Number of Regular Members (@\$50/each): _____

Number of Student Members (@\$10/each): _____

Total Amount Submitted: _____

Amount of check submitted: _____

Additional Collections planned (dates): _____

May AMAA send renewal notices directly to your members who have not renewed?

___ If yes, after what date? _____ ___ No

Total members previously submitted: _____ Total members submitted here: _____

Members left to collect from: _____ Total members to date: _____

___ I am emailing a spreadsheet to AMA Alliance-HQ* (RECOMMENDED)

___ I have included a list of members in spreadsheet format (be sure all fields are fully visible)

___ I have included a list of members covered by this submission