

Associate Membership Application Fee Invoice
\$75.00

Name of Applicant: _____

This application fee is non-refundable. Please send this invoice with payment (check payable to ACMS or credit card) to the address below.

- Membership application is attached
- Membership application has been sent separately

Please charge the following credit card \$75.00 for the application fee to the Mohs College

Visa Master Card American Express

Number: _____

Expiration Date: _____

Name on Credit Card: _____

(Please Print)

Signature: _____

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