



## MEMBERSHIP RENEWAL PAYMENT FORM

Corporate Member Name: \_\_\_\_\_

Account No: \_\_\_\_\_

### Amounts

Class A Corporate	\$12,500.00	_____
Class B Corporate	\$6,250.00	_____
Class C Corporate	\$2,950.00	_____
Class D Corporate	\$1,250.00	_____
Class E Corporate	\$500.00	_____

VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Check Payment to:  
AHS International  
P.O. Box 91731  
Washington, DC 20090-1731

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### For Office Use Only:

Veriflite: \_\_\_\_\_

Individual Dues: \_\_\_\_\_

Journal: \_\_\_\_\_

VFF: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Attn: Liz Malleck, Director of Membership  
AHS International  
217 N. Washington Street, Alexandria VA. 22314-2538  
Phone: (703) 684-6777 Fax: (703) 739-9279 Email: Liz@vtol.org Web: www.vtol.org