

## 2017 Recertification Payment Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution: \_\_\_\_\_ ASATT Membership No. \_\_\_\_\_

**Recertification Fee: Technician** \_\_\_\_ \$85 Current ASATT member \_\_\_\_ \$200 Non-ASATT member

**Technologist** \_\_\_\_ \$100 Current ASATT member \_\_\_\_ \$250 Non-ASATT member

After December 31<sup>st</sup>, include \$75 late fee

**Credit Card: VISA / MASTERCARD / Discover / AMEX (circle one)**

**Credit Card Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ Security Code \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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