

Membership Renewal Form AFPS Ordinary Member Society

Member ID:	712-
Organization Name:	
Number of Members:	<input type="checkbox"/> -250 / <input type="checkbox"/> 251-1000 / <input type="checkbox"/> 1001-3000 / <input type="checkbox"/> 3001-

President

Check the appropriate box:	<input type="checkbox"/> Ms. / <input type="checkbox"/> Mr. / <input type="checkbox"/> Dr.
Family Name:	
Given Name:	

Organization

Address, City, State, ZIP: (nonbreaking)	<i>e.g. 123 Medicine St., Bunkyo, Tokyo 113-0000</i>
Country:	
Email:	
Telephone Country Code:	+
Telephone:	
Fax:	

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