

2024 Membership Dues Installment Payment Authorization Form

MEMBER INFORMATION

First Name	Middle Initial	Last Name
Phone		
Email (required for communication purposes)		

MEMBER'S AUTHORIZATION

By signing this form, I authorize the American College of Prosthodontists to charge my credit card for three or five installment payments for my ACP membership dues depending on the plan I choose below. I understand that the charges will be automatically processed on the dates listed below:

Three Installments

Select This Option

Payments Processed On:

- January 31
- February 29
- March 29

Five Installments

Select This Option

Payments Processed On:

- January 31
- February 29
- March 29
- April 30
- May 31

Member Signature	Date
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MEMBER INFORMATION

MasterCard Visa American Express

Cardholder Name	
Credit Card Number	Exp. Date
Signature	

Mail or fax your installment authorization form to:

American College of Prosthodontists
5198 Eagle Way
Chicago, IL 60678-5198
Phone: (312) 573-1260
Fax: (312) 573-1257