

## 2026 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:

- December 18 • February 27
- January 30

#### Five Installments

Select This Option

Payments Processed On:

- December 18 • February 27 • April 30
- January 30 • March 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