



## AHPBA/IHPBA MEMBERSHIP SUBSCRIPTION (DUES) RENEWAL INVOICE

Prefix: Prof. Dr. Mr. Mrs. Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Company Name (Hospital, Clinic etc.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship of Which Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Membership Types: If you need to get more information on the different types of membership, information is on the membership page of the IHPBA website.*

Allied Health (USD100)

IHPBA/AHPBA Combined Membership (USD310)

Junior\*\* (USD75)

### Printed Journal Subscription:

\$ \_\_\_\_\_

*I would like to order printed copies of the official journal, HPB to be sent to me each month AT AN ADDITIONAL COST OF \$50.00.*

### AHPBA Foundation Donation:

\$ \_\_\_\_\_

*Please give generously as your donation is used to support AHPBA's charitable work.*

### IHPBA Foundation Donation:

\$ \_\_\_\_\_

*Please give generously as your donation is used to support IHPBA's charitable work in three areas: education, research and outreach.*

Processing Fee (required) \$ 10.00

Grand Total: \$ \_\_\_\_\_

*Dues are valid from January through December, regardless of the date payment is made. As per IHPBA Bylaws "Any member who fails to pay the subscription (dues) for two consecutive years...will be deemed to have resigned from the Corporation (IHPBA)"*

**\*\*Junior members are required to be under the age of 35.**

Please mail checks to  
AHPBA/IHPBA  
PO Box 219191  
Kansas City, MO 64121-9191

IHPBA TAX ID NUMBER: 56-1937411

To save time and for your convenience you can renew online with your credit card. Go to [www.ihpba.org](http://www.ihpba.org) membership page.