PAAV Dues Renewal
Please Fax to 1-603-643-1444

Name of person for whom payment is being made: (please print)

_____

Amount to be charged: $ _____
Payment is for: ❑ Dues ❑ Martin Devlin Donation

Credit Card Number: **VISA/MasterCard**

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: _____/_____ Security Code: _____
The last three digits on the back of the card, in the white strip

Credit Card Number: **American Express**

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: _____/_____ Security Code: _____
The four digit number on the front of the card above the end of the number

Card Holder's Name: _____
(As it appears on the credit card)

Address where you receive your credit card statement:

_____
Street City ST ZIP

Signature: _____

Alternate acceptable payments include wire transfers or bank drafts (checks) in US Dollars drawn on a US financial institution. Please include a copy of this form with your bank draft. Contact the office for wire transfer instructions.

Check should be mailed to:

PAAV Executive Office
45 Lyme Road, Suite 304
Hanover, NH 03755 USA

Questions? T / 1-603-643-2325 F / 1-603-643-1444 E / paavmembership@conmx.net