

# Chapter Dues Information Form



Chapter Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Providence/Country: \_\_\_\_\_

Chapter Dues: \_\_\_\_\_  
\*Region Dues (if any): \_\_\_\_\_  
AITP National Dues: \_\_\_\_\_  
Total: \_\_\_\_\_

\*Region 3 charges \$5 per person and Region 7 charges \$8 per member

## ACH Information:

Please fill out the information below and return to AITP Headquarters. Each month your chapter rebates will be deposited to this account.

Your Name: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Type: Checking Account Savings Account

You may send this information to us via e-mail or fax to:

<p>AITP Headquarters 1120 Route 73, Ste. 200 Mount Laurel, NJ 08054 Fax: 856.439.0525 Email: <a href="mailto:aitp_hq@aitp.org">aitp_hq@aitp.org</a></p>	<p>In order to avoid any delay in transfers, all changes that are made to the information provided for this program should be remitted as soon as possible to AITP Headquarters. If you have any questions please call us at: 1.800.224.9371.</p>
---	---