



Membership Renewal Invoice

Second Notice 'Save on postage and time!' Renew your membership online today at www.aspanet.org! You will need your user login **96440** and the password you created. If you did not create your own password, use your ASPA ID number **96440** followed by your first and last initials of your name as your default password. Click [Join\Rejoin ASPA Today] located below your name and follow the steps. If you experience any problems contact us at info@aspanet.org.

ASPA ID No. 96440

PLEASE INDICATE ANY CHANGES BELOW.



Annette C. Muniz
Hidalgo County Clerk's Ofc.
100 E Cano St Fl 2
Edinburg, TX 78539-4582

Work: (956) 330-3113
Home: (956) 318-2119
E-mail: acmuniz23@yahoo.com
Fax:
Toll Free:

Past Due After 7/31/2013

Membership Fees

PLEASE INDICATE ANY CHANGES BELOW.

DUES CATEGORY:

Certified Public Manager	\$75.00
CHAPT/137-RGV	Included
23-SPMP	\$10.00

To see a full list of ASPA's Membership Categories, see the reverse side.

Total Current Fees \$ 85.00

Optional Fees

SECTION FEES

Section membership is in addition to ASPA membership fees. Sections and fees are listed on the back of this form.

Section(s) Code(s) _____
Total Section Fees \$ _____

ADDITIONAL CHAPTER FEES

Chapter membership in addition to the one free provided by ASPA incur a \$6 fee. Additional Chapters are listed on the back of this form.

Additional Chapter(s) _____
Total Chapter Fees \$ _____

POSTAGE

Canada/Mexico PA TIMES \$25.00
 International Air PA TIMES \$70.00
 First Class Domestic PA TIMES \$15.00

ASPA ENDOWMENT

The Endowment seeks gifts to assist in making many worthwhile programs a reality. All contributions are tax deductible and are governed by the *Statement of Policies* adopted by the Board. For a copy of the *Statement*, contact ASPA.
\$ _____

INDIVIDUAL CONTRIBUTION

Individual contributions are tax deductible \$ _____
 New Professionals Fund Contribution \$ _____
 I have read and agree with ASPA's revised Code of Ethics. To view the new code of ethics, please visit www.aspanet.org.
 Please exclude my name from any listing of members sold commercially.

Total Optional Fees \$ _____

Payment Information

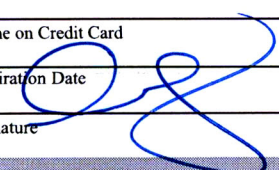
Member ID# 96440

Dues must be prepaid. Send completed renewal form and payment to:
ASPA, c/o SunTrust Bank, Department 41, Washington, DC 20042-0041.

Please add the total current fees and optional fees to arrive at a grand total fee.

Check payable to ASPA Mastercard VISA American Express
Payable in U.S. Dollars drawn on a U.S. Bank

Grand Total Fee \$ 85.00

Name on Credit Card _____
Expiration Date _____
Signature 

Card Number _____