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DATE OF BIRTH (MONTH/DAY/YEAR) ___________________________

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YOUR EMPLOYER

COMPANY NAME ___________________________ JOB TITLE ___________________________

STREET ___________________________ CITY ___________________________

STATE/PROVINCE/COUNTRY ___________________________ ZIP/POSTAL CODE ___________________________

PHONE ___________________________ EMAIL ___________________________

EDUCATIONAL BACKGROUND

COLLEGE/UNIVERSITY ___________________________

MAJOR ___________________________ GRADUATION DATE (MONTH/YEAR) ___________________________

PROFESSIONAL LICENSURE

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CALCULATE YOUR DUES Degree date: ___________________________

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<thead>
<tr>
<th>Your Payment Amount:</th>
<th>PLEASE CHARGE MY:</th>
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<tbody>
<tr>
<td>Graduation and first year after receipt of degree: $50</td>
<td>[ ] AMERICAN EXPRESS [ ] VISA [ ] MASTERCARD</td>
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<tr>
<td>Second year after receipt of degree: $85</td>
<td>[ ] DISCOVER [ ] DINERS CLUB</td>
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| Third year after receipt of degree: $125 | PAYMENT AMOUNT $ ___________________________
| Fourth year after receipt of degree: $175 | CARD # ___________________________ |
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