

MEMBERSHIP RENEWAL NOTICE 2010

MTWPAM Receipt

(complete form and return this portion with your payment)

Membership Number: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Professional Liability Insurance Provider (mandatory):

Policy Number: _____

Expiry Date: _____

| Description | Amount |
|-----------------------------|----------|
| MTWPAM 2010 Full Membership | \$ 75.00 |
| Other payment amount: | |

Thank you for your current information and payment.

Yours truly,

The Board of The MTWPAM

MEMBERSHIP RENEWAL NOTICE 2010

Members' Receipt

(complete this form and keep this portion for your records)

Membership Number: _____

Name: _____

Date: _____

Professional Liability Insurance Provider (mandatory):

Policy Number: _____

Expiry Date: _____

| Description | Amount |
|-----------------------------|----------|
| MTWPAM 2010 Full Membership | \$ 75.00 |
| Other payment amount: | |

Thank you for your prompt attention to this matter. MTWPAM will process your membership renewal once payment is received. We appreciate you being a part of MTWPAM and welcome your support!

Please Note: Your membership renewal is due January 1st, 2010. If payment is not postmarked by January 15th, 2010 a late payment charge of \$10.00 will be added. If payment plus the late charge is not received by February 1st 2010, your membership will lapse. Lapsed memberships may be reactivated on payment of a \$25 processing fee plus the annual membership dues.