



Special Assets Management Association

2018 AFFILIATED MEMBERSHIP RENEWAL FORM

Please print clearly.

Mr. / Ms. Last Name _____ First Name _____

Badge Name _____ Title _____

Bank/Firm _____

Address: _____

City _____ State _____ Zip _____

Telephone Number _____

E-mail Address (Required for confirmation) _____

Affiliated Membership Dues

Membership is done on an individual basis. The dues are \$995.00 per calendar year.

CREDIT CARD INFORMATION

Charge \$_____ to my VISA MC AMEX Discover

CARD NUMBER

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EXP. DATE

--	--	--	--

Cardholder's Name: _____

Address (if different than above): _____

Signature _____

(I understand my signature authorized the Special Assets Management Association to charge my credit card for this purchase)

TWO WAYS TO RENEW: (PLEASE CHECK THE METHOD YOU CHOOSE)

() CREDIT CARD

Fax registration form to 800-718-9853 or email it to info@mysama.org

() BY CHECK*

Mail your check to:
Special Assets Management Education
2321 Rosecrans Ave. Suite 3270
El Segundo, CA 90245

Your renewal will be confirmed upon the processing of your payment. An e-mail confirmation will be sent to you.

RENEWAL QUESTIONS: Please send an email to info@mysama.org

*Mail a copy of this form with your check, and fax/email another to 800-718-9853/ info@mysama.org to ensure your enrollment.