



# MEMBERSHIP RENEWAL 2018

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To renew, please print this form and return it with your payment in the form of a check to "AGT" by mail or with completed credit card processing information.

- Full Membership - \$100.00
- Student Membership - \$40.00
- Emeritus Membership - \$45.00
- Collaborative Membership - \$45.00

*Please complete the information below. NOTE: Email addresses are only used to provide periodic updates on Association activities. Email addresses are NEVER sold to outside vendors.*

MEMBER ID: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This is my:  Business Address  Home Address

Please select your principal area of genetics:  Biochemical  Cytogenetics  Molecular

Please exclude my listing from the Online Directory.

When paying by check or money order, all payments must be remitted in U.S. dollars and made payable to AGT.

Credit Card Remittance Information:  MasterCard/VISA  Discover  American Express

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CVV (3-digit) #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_