

Sign up for the Automatic Dues Renewal Program by December 31st and save \$25.00 on your 2014 dues!

----- **AUTOMATIC DUES RENEWAL FORM** -----

Is it a hassle or do you typically forget to pay your membership dues?

Does your dues invoice get buried under a stack of papers or misplaced?

Do you want a streamlined method to pay your annual dues?

If you answered yes to any of the questions above then the **Automatic Dues Renewal Program** may be right for you. We value you as an ISHRS member and want to make sure your member benefits are uninterrupted.

If you would like to take part in our automatic dues renewal program, complete the following information.

Each year when your card is billed, you will receive an e-mail confirmation with the amount charged. If your credit card expires prior to November 30 you will be contacted via e-mail during the month of October to obtain a new expiration date. If you do not update your information or if your card is declined you will be notified via e-mail and a standard dues invoice will be mailed to you.

Indicate type of card: Visa Mastercard American Express

Name as it appears on your card: _____

Credit Card Number to be Charged Annually: _____

Expiration date: _____ **Zip Code/Postal Code for billing Address:** _____

Your e-mail address: _____

I authorize the International Society of Hair Restoration Surgery (ISHRS) to bill my membership dues annually on or around November 15 using the credit card information supplied above along with any updated expiration dates that I may provide. I understand and agree that it is my responsibility to ensure that the ISHRS has received my form and any future e-mails or updates regarding my credit card information.

I understand that at any time I may update my billing arrangement or be removed from this program simply by contacting the ISHRS headquarters office at 630-262-5399. If for any reason this program is discontinued, I understand that I will be notified, and it is then my responsibility to submit payment for my annual dues.

Signature: _____ **Date:** _____

Return this form to the ISHRS headquarters office.

International Society of Hair Restoration Surgery (ISHRS)
303 West State Street, Geneva, IL 60134 USA
Phone: 630-262-5399; Fax: 630-262-1520; E-mail: info@ishrs.org
www.ISHRS.org

