

Associated Investors of Alabama
AIA
2249 Garland Drive, Vestavia Hills, Al 35216
Phone No: (205) 823-9008
www.aiaclub.com

- Renewal of Membership
- New Membership

We are a non-profit association that meets once a month with a guest speaker, to share ideas mainly with Real Estate taxes, some stocks and funds, Our guest speakers include local seasoned investors, attorneys, CPA's, AIA members, and some to the best real gurus in the country. If you have any questions, please contact Jack Eyer at (205)823-9008

PLEASE PRINT CLEARLY

Name: _____	Date: _____
Address: _____	Home No: _____
_____	Work No: _____
_____	Cell No: _____
_____	Email: _____

- Membership Fees: CHECKS MUST BE MADE PAYABLE TO AIA AND MAILED TO THE ADDRESS LISTED ABOVE**
- ___ **Individual \$72.00 with Easy Pay or \$100.00 by Check, Cash or Credit Card (plus and additional \$5.00 card fee (Easy pay offers a 40% savings)**
- ___ **Individual \$100.00 with Easy Pay \$135.00 by Check, Cash or Credit Card (Plus an additional \$5.00 card fee) plus Spouse**
- ___ **PHP (Profession Housing Provider) \$897.00**

Select Method of Payment:		Credit Card Authorization:			
<input type="checkbox"/> Easy Pay		Name of Bank _____			
<input type="checkbox"/> Check	Make Checks payable to AIA	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> Credit Card (including Visa,MC,Discover & American Express)		Credit Card # _____	Date _____		
<input type="checkbox"/> cash		Authorized Signature _____	Authorized Amount \$ _____		

Place Voided Check or Deposit Slip Here

Easy Pay – Consumer Authorization

I (We) hereby authorize AIA hereinafter called Company, to initiate entries per the terms agreed to with COMPANY as debit entries in the amount of \$_____ beginning ___/___/___ annually from (our)Checking Account ___ or Savings Account ___ of the DEPOSITORY or AIA with reasonable opportunity to act upon the notification (5 business days).

Name of my Bank (DEPOSITORY): _____

Branch: _____ City: _____ State: _____ Zip: _____

Transit or ABA No: _____ Account No: _____

Member's Authorized Signature: _____ Date Signed: ___/___/___