

**Associated Investors of Alabama
AIA
2249 Garland Dr, Vestavia Hills AL 35216
Phone #: (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 an additional \$5.00 card fee)**
(Easy Pay offers a 40% savings)
- ___ Individual & Spouse **\$108.00 with Easy Pay \$136.00 by Check, Cash or Credit Card (plus an additional \$5.00 card fee)**
(Easy Pay offers a 40% savings)

Select Method of Payment:		Credit Card Authorization:			
Easy Pay		Name of Bank: _____			
Check	Make checks payable to AIA	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card (Including Visa, MC, Discover & American Express)		Credit Card #:		Date:	
Cash		Authorize 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 my (our) Checking Account _____ or Savings Account _____ of the DEPOSITORY named below. This authorization is to remain in full force and effect until written notification (via email, fax, or US mail) by 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: X _____ Date Signed: ____/____/____