



The Association of Black Psychologists

Lifetime Membership Installment Payment Form

If this is your first installment payment, please submit this form along with a general membership application to ensure that we capture all required membership information. Please use this form every time that you make an installment payment to ensure proper credit to your account.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

*Lifetime Membership is \$3000.00. Payments may be made in any denomination, but must be paid in full within 3 years. Annual dues of \$250.00 must continue to be paid until Lifetime dues are paid in full.

Payment Amount \$ _____ Date _____

PAYMENT INFORMATION

Check Check Number _____ Check Amount _____

Credit Card Type Visa MasterCard American Express Discover

Card Number _____ CCV _____ Expiration Date _____

Authorized Name _____

Authorized Signature _____