



REQUEST FOR COPIES & REPLACEMENT OF AMT MATERIALS

AMT can make available replacement of materials listed below. To order, complete and return this form with payment. If payment is made by credit card this form can be submitted by fax.

RMA RDA RPT MT MLT AHI CLC CMAS CMLA COLT

Full Name _____

AMT ID# _____ SS# _____

Street Address _____

Email Address _____ Phone Number _____

City _____ State _____ Zip Code _____

ITEM(S) REQUESTED*	YEAR(S)	CHARGE PER ITEM	NUMBER OF ITEMS	TOTAL
AMT membership card and/or seal(s) for current or past years*		\$5.00		
AMT certificate (includes current year's seal)* Print or type your name below as it should appear: _____		\$10.00		
<input type="checkbox"/> Check here if you are requesting an additional certificate because all squares are filled (no charge)		No charge		

* AMT can only provide card, seals and certificates for years in which the member was in good standing.

Please state reason for needing a replacement for these items:

Pay by check, money order or credit card Visa MasterCard Discover American Express

Name on Card _____ Amount _____

Account Number _____ CVV _____ Exp Date _____

Signature _____ Date _____

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

(Do not complete below – office use only)

Sent by _____ Date sent _____ Processed by _____ Date returned _____