



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# _____ Phone Number _____

Street Address _____

Email Address _____

City _____ State _____ Zip Code _____

ITEM(S) REQUESTED*	YEAR(S)	CHARGE PER ITEM	NUMBER OF ITEMS	TOTAL
AMT membership card for current or past years*		\$5.00		
AMT certificate*		\$10.00		

* AMT can only provide card and certificates for years in which the member was an active certified member.

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.