

Recertification Payment Form

Name: _____

Company: _____

Payment for: ___CTB ___CTCB ___CFB ___CFB-N ___CFB-S

ASBA Member: ___Yes ___No

STC Member: ___Yes ___No

STMA Member: ___Yes ___No

Fees (Subject to change without notice. Contact ASBA for current fees)

	<u>ASBA Member</u>	<u>Non-ASBA Member</u>
Recertification Fee	\$375.00	\$625.00

Total Amount Enclosed \$ _____

◆ **Make checks payable to “ASBA”**

To avoid international collection fees and to keep costs down, payments made by check or money order must be made in U.S. Funds on a U.S. Bank. Checks on a foreign bank with “U.S. Funds” written on them are not acceptable and will be returned.

◆ **Fees may be paid by MasterCard, VISA, or American Express. Complete this section.**

*Card: ___MasterCard ___VISA ___American Express

Cardholder Name: _____

Cardholder Number: _____ Expiration: _____

Billing Address: _____

Signature: _____