



MEMBERSHIP INVOICE

Bill To:

AACTE Member Name

Member Institution Name

Member Address

Member Address

Invoice Number: ABC123

Invoice Date: 06/03/2019

Payment Due Date: 12/31/19

Invoice Description	Amount
2020 Institutional Dues for the period from 01/01/2020 through 12/31/2020	\$1,950
Total	\$1,950
Payment/Credit Applied	\$0
Balance Due	\$1,950

Remittance Information

Please make checks payable to **American Association of Colleges for Teacher Education**. To pay via credit card, please provide the following information:

Amount: \$_____

Payment Type: () Check () Visa () Mastercard () AMX

Credit Card Number: _____ Exp. Date: _____

Card Holder Name: _____

Authorizing Signature: _____

AACTE Accounts Receivable
1307 New York Ave. NW, Suite 300
Washington, DC 20005-4701
Fax: (202) 478-6315 | Phone: (202) 478-4516
Email: membership@acte.org

