



For an affordable monthly rate, you can renew your membership with 12 easy to manage installments. To enroll in recurring monthly dues, please read the following terms and conditions carefully and submit your signed contract and payment information (by mail, fax, or email) no later than March 15, 2020.

By enrolling in AIFD® recurring monthly membership dues, you agree to the following terms and conditions:

1. For the convenience of monthly payments, you will be renewing at the regular rate and will also be charged a \$2.50/monthly convenience fee. The monthly renewal rate is \$30.75 for Active members, \$20.34 for Certified Floral Designers and \$16.63 for Retired Members.
2. Recurring monthly membership dues are only processed by credit card. Cash and checks are not accepted.
3. Payment is run on the 1st of each month, beginning April 1, 2020 with the final payment run March 1, 2021.
4. Should a payment decline, you will have two (2) business days to provide payment or a late fee of \$15 will be charged in addition to the monthly payment.
5. Should you wish to stop recurring dues at any time within the year, you will be required to submit any remaining balance or your membership will be suspended.
6. If any outstanding payments are not received by March 1, 2021 your membership will be suspended.
7. You must have a valid email address on file and you will receive a monthly email notification one (1) day prior to your card being charged.
8. You can update your credit card information at any time by logging into your member portal and selecting "Recurring Dues Payment Information" from the left menu.

I have reviewed the terms and conditions above and hereby enroll in monthly recurring dues for the 2020-2021 membership year. I understand that I am responsible for the full payment of dues by March 1, 2020. If I have missed any payments, I understand that they must be submitted by March 1, 2020 or my membership will be suspended until payment is made.

Signature: _____ Printed Name: _____

Cards Accepted: AMEX, Visa, MasterCard, Discover

Credit Card #: _____ Exp Date: _____ CV2: _____

Billing Address: _____

Billing City, State, Zip and Country: _____

Remit Signed Contract and Credit Card information to:

AIFD | 2331 Rock Spring Road | Forest Hill, MD 21050 **Fax:** (443) 640-1031 **Email:** info@aifd.org