



AAMB CENTRAL CHAPTER
LUNCH REGISTRATION FORM

Please use one form for each person.

Date of the **Monthly Lunch** for which you are registering: _____

Name: _____ E-mail: _____

(Select One) ___ Member (\$30) ___ Non Member (\$30)

Company: _____

Telephone: _____ FAX: _____

If you are paying with a **check**, make the check payable to: **AAMB Central Chapter** and **mail the form and the check to:**

AAMB Central Chapter Luncheon
C/O Jonathan Reece
Colvy Lending Group
70 S. Val Vista Dr. #A3-200
Gilbert, AZ 85296

If you are paying with a **credit card**, provide the credit card information and the signature of the cardholder below, then **FAX** the form to **623-972-6192**.

(No cover sheet required.)

(Select one) ___ Check ___ Credit Card

Credit Card #: _____ Exp Date: _____

Cardholder Name: _____ Signature: _____

Cardholder Address: (required) _____

City, State, Zip Code: (required) _____

Registration and payment must be RECEIVED BY AAMB before 5:00 PM on the Friday of the week prior to the scheduled luncheon. Registrations received after this day and time will be considered on-site registrations and will be charged at the on-site rate.

Questions about registration? Email: Ddumnich@cox.net