Association for Conflict Resolution
Section Invoice

Member Information:

Full Name _____ *Member ID #* _____

Mailing Address _____

_____

Phone _____ *Fax* _____

E-mail _____ *Web* _____

Section Information:

Please mark your selections below. There is a $15 annual charge for each Section you wish to join.

- ☐ Commercial
- ☐ Community
- ☐ Consumer
- ☐ Court
- ☐ Crisis Intervention
- ☐ Education
- ☐ Environment and Public Policy
- ☐ Family
- ☐ Health
- ☐ International
- ☐ Online Disputes
- ☐ Ombuds/Ombudsman
- ☐ Organizational Conflict Management
- ☐ Research
- ☐ Restorative and Criminal Justice
- ☐ Spirituality
- ☐ Training
- ☐ Workplace

Total Amount Due: $ _____

Payment Information:

- Please remit payment in U.S. funds drawn on a U.S. bank made payable to the Association for Conflict Resolution.
- If you are paying by credit card, you may fax your renewal to 202-464-9720.
- ACR's tax identification number is EIN#23-7251385.

☐ **Check enclosed**

Check no. _____

Amount enclosed: $_____

☐ **I hereby authorize ACR to charge my** ☐ MasterCard VISA

in the amount of: $_____ *(American Express not accepted)*

_____ - _____ - _____ - _____ / _____

Card Number (16 digits) Exp. Date (4 digits)

_____

Name of Cardholder Authorized Signature

For more information about ACR's Sections, please refer to our Web site, or contact the Membership Department at 202-464-9700
w w w . ACRnet . o r g

ACR OFFICE USE ONLY
Date Received: Notes: