



# Membership Renewal Invoice

## Wood Machinery Manufacturers of America

500 Citadel Drive, Suite 200  
City of Commerce, CA 90040  
Phone: 323-215-0330 Fax: 323-215-0331

**DATE**  
December 1, 2011

**Bill To:** \_\_\_\_\_ **Due Date: January 31, 2012**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_ **Member ID#** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Company	Membership Type (circle one) Active/Associate/Affiliate	Amount \$650.00
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**Balance Due: \$650**

**WMMA BY-LAWS STATE: "MEMBERS WILL BE BILLED FOR ANNUAL DUES DURING THE MONTH OF DECEMBER COVERING THE NEXT ASSOCIATION YEAR. PAYMENT IS DUE JANUARY 31<sup>ST</sup>." PAYMENT AFTER JANUARY 31, 2012 WILL INCUR A \$200 LATE PENALTY.**

Please fax form with credit card information to **WMMA @ 323-838-9443** or mail check payments to:

**WMMA**  
**Attn: Membership**  
**500 Citadel Dr., Suite 200**  
**Commerce, CA 90040**

Make all checks payable to **Wood Machinery Manufacturers of America**

Card Holder Name: _____	Amount to Charge: \$ _____
Credit Card #: _____	Expiration Date: _____
Credit Card Billing Address: _____	
City: _____	State: _____ Zip: _____
I hereby authorize WMMA to charge my credit card for the amount indicated above	
Card Holder Signature: _____	Date: _____

Questions – Please contact Angela Hernandez @ 323-215-0305  
Thank you for your membership.