

AHA Membership Department EZPay (Automatic Renewal) Credit Card Modification

Please use this form only if you need to change the credit card information for an existing EZPay account or if you need to change a membership category.

Member Name: _____

Member E-mail Address: _____

Member Number (if known): _____

Charge my next annual membership fee to the following credit card:

VISA MasterCard American Express

Number: _____

Expiration Date: _____

Membership Category

- | | | | |
|--|-------|---|------|
| <input type="checkbox"/> Contributing | \$310 | <input type="checkbox"/> Under \$25,000 | \$47 |
| <input type="checkbox"/> Over \$170,000 | \$250 | <input type="checkbox"/> Student | \$42 |
| <input type="checkbox"/> \$130,000-170,000 | \$224 | <input type="checkbox"/> Early Career | \$50 |
| <input type="checkbox"/> \$100,000-130,000 | \$202 | <input type="checkbox"/> Emeritus/Retired | \$58 |
| <input type="checkbox"/> \$70,000-100,000 | \$172 | <input type="checkbox"/> K-12 Teacher | \$59 |
| <input type="checkbox"/> \$45,000-70,000 | \$125 | <input type="checkbox"/> Associate | \$93 |
| <input type="checkbox"/> \$25,000-45,000 | \$86 | | |

Please send this form to us by e-mail: members@historians.org
or fax: 202-544-8307, or call us at 202-544-2422

You may also mail the form to
AHA Membership Department
400 A St. SE
Washington DC 20003

This form will be shredded after your EZPay record is modified with PayPal. The AHA does not keep any complete credit card numbers in its on-site records.