

**OFFLINE PAYMENT FORM**

|  |  |
| --- | --- |
| Name: |  |
| TIAFT membership number: |  |
| Institution: |  |
| Address: |  |
| City / Postal code: |  |
| Country: |  |
| Email address: |  |

|  |
| --- |
|  |

**Credit Card Payments:** Credit card authorizations will be deducted in US Dollars.

🞏 MasterCard 🞏 Visa 🞏 American Express

|  |  |  |  |
| --- | --- | --- | --- |
| Name on Credit Card: |  | Expiration Date (mm/yy): |  |
| Card Number: |  | CSC Code: |  |
| Signature: |  | Payment Amount: |  |

Scan the filled in form and email to the treasurer at [treasurer@tiaft.org](mailto:treasurer@tiaft.org)

**Other Payment Forms:**

* Wire transfers will be charged an additional $40 fee. *Please contact the Treasurer*.
* If paying by check or money order make it payable to TIAFT. It must be drawn on a U.S. bank or a bank with U.S. bank affiliate listed directly on the check (e.g., Citibank, Chase Manhattan, etc.).
* **Checks must be in U.S. dollars and sent to our office address at**

The International Association of Forensic Toxicologists (TIAFT)

723 N Weber Street, Suite 103

Colorado Springs, CO 80903

USA