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Dues Invoice

Dues: **\$99-SPECIAL** Either mail a copy with your payment or fax Credit card information to the fax above.

The ASA is not involved in any form of lobbying activities.

Please include this information for the Directory.

_____ Company

_____ Representative(s)

_____ Other Contact Person(s)

Please provide complete information for additional contacts on the back.

_____ Mailing Address

_____ Phone

_____ Toll Free Number
(If Applicable)

_____ Email Address

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Would you like to receive The Seedsmen via:

_____ Email _____ USPS

Also, please submit a 30 word statement to be used for the directory. Thank you! ☺

Please charge my credit card. Credit Card Type: MC VISA AmEx
Discover

Credit card #: _____

Security Code: _____ Expiration: _____

Name on Card: _____

Billing Address:
