

CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR ORTHODONTIC RESEARCH

2009-2010 ANNUAL DUES STATEMENT FOR PERIOD 6/1/2009- 5/31/2010  
COURSE INSTRUCTOR FOUNDATION MEMBER

- Dues may be paid by check in U.S. funds or by VISA or MasterCard credit card.
- WIRE TRANSFERS CANNOT BE ACCEPTED.
- All fields below must be completed. You must sign and provide your postal zip code in order for credit card charges to be accepted.

PLEASE TYPE or PRINT CLEARLY

A. Name \_\_\_\_\_  
(Last Name) (First Name)

B. Address \_\_\_\_\_  
(Street) (City) (State/Country) (Postal Zip Code)

C. VISA OR MASTERCARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
MO/YEAR

E. Signature (mailed payments must be signed) \_\_\_\_\_

COMPLETE AND FAX OR MAIL PAYMENT TO:

Charles H. Tweed Foundation  
c/o Dr. James L. Vaden  
308 E. First Street  
Cookeville, TN 38501  
Phone: 931-526-3717  
Fax number: 931-526-1630

2009-2010 Annual Foundation Member Payment Due	\$250.00
Past-Due payment included for previous year	_____
U.S. Tax-Deductible Endowment contribution	_____
<b>Total Remittance</b>	_____

INDICATE HERE IF YOU HAVE CHANGES OR NEW INFORMATION: YES \_\_\_\_\_ NO \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Office Address \_\_\_\_\_ (Street) Home Address \_\_\_\_\_ (Street)

\_\_\_\_\_  
(City) (State/Country) (Zip Code) (City) (State/Country) (Zip Code)

Email Address \_\_\_\_\_  
(Please enter one character per space)

Office Phone# \_\_\_\_\_ Office Fax# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Home Fax# \_\_\_\_\_

Please feel free to contact us at [chtweed@aol.com](mailto:chtweed@aol.com) if you have any questions or need assistance.