

Guide to Your Membership Renewal Invoice



**Institute of Scrap
Recycling
Industries, Inc.**

INVOICE

January 01 - December 31, 2018
Annual Membership Renewal

Membership is on a calendar year basis

Invoice Date: 11/08/2017 Invoice #: 99999
Headquarter ID: 123456

*If you wish to add or remove additional chapters, please contact MEMBERSHIP @ (202) 662-8500. Otherwise, please return this invoice to ISRI with payment to complete the renewal process.

Mr. John Doe
XYZ Smelting
123 Anywhere St
Washington, DC 20036

Primary contact and billing address

National & Primary Chapter Memberships (required):

Consumers - Dues Category C2	\$5,146.00
West Coast - Consumers	\$1,213.00
<i>*Additional Chapter Membership(s) (Optional)</i>	
Mid-America Chapter Membership	\$250.00
Total dues payable	
	\$6,609.00
OPTIONAL - Research Recycling Foundation - Please consider a tax deductible contribution to RRF, an IRS code 501 (c) (3) organization. Contributions are generally 100% tax deductible. Thank you!	
	\$75.00
OPTIONAL - PAC Administration - funds offset the administrative expenses of ISRI PAC. Thank you!	
	\$75.00
TOTAL (includes OPTIONAL sections) Please pay this Amount in US Dollars	
	\$6,759.00

Payment for National and Primary Chapter membership is required for renewal

Total dues payable

Total dues payable + optional contributions/fees

While ISRI dues or contributions may be deductible by members as an ordinary and necessary business expense, they are not deductible as charitable contributions for federal income tax purposes. To determine the non-deductible portion of your dues, please review the national/chapter dues schedules, located at www.isri.org/renewal. The portion of your dues that is spent to lobby the State and Federal Government is not deductible for federal income tax purposes. This is provided for informational purposes only and should not be relied on as legal or tax advice. Please consult your tax advisor.

If electing a payment plan, complete the credit card information on the plan form only. Otherwise, enter your payment information below.

Select Payment Method: (if you are requesting a Payment Plan, skip this section and complete the Payment Plan Insert)

Check #: _____ Wire Payment Visa MasterCard American Express

Card #: _____ Cardholder Name: _____
Exp. Date: _____ CWV: _____ Billing Address: _____
Amount: _____ City: _____ State/Province: _____
Signature: _____ Zip: _____

Please fax CREDIT CARD payments to (202) 624-9257.

Please submit WIRE Payments to the below Address:

Please mail CHECKS to the below Lockbox Address:

Bank: Wells Fargo Bank, 1300 I Street, NW 12th Fl., Washington, DC 20005
Swift Code: WFBIUS6S
ABA#: ROUTING # 121000248 **ACH:** 051400549
Account #: 3746430861

Institute of Scrap Recycling Industries, Inc.
PO Box 75245 Baltimore, MD 21275-5245

Checks should be mailed to this address