Recertification Payment Form

Name: __________________________________________________________________

Company: _______________________________________________________________

Payment for:     ___CTB    ___CTCB   ___CFB    ___CFB-N   ___CFB-S

ASBA Member: ___Yes  ___No
STC Member:  ___Yes  ___No
STMA Member: ___Yes  ___No

Fees (Subject to change without notice. Contact ASBA for current fees)

<table>
<thead>
<tr>
<th></th>
<th>ASBA Member</th>
<th>Non-ASBA Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recert. fee by continuing education</td>
<td>$375.00</td>
<td>$625.00</td>
</tr>
<tr>
<td>Recert. fee by exam</td>
<td>$600.00</td>
<td>$1100.00</td>
</tr>
</tbody>
</table>

Total Amount Enclosed $ ____________________

♦ Make checks payable to “ASBA”

To avoid international collection fees and to keep costs down, payments made by check or money order must be made in U.S. Funds on a U.S. Bank. Checks on a foreign bank with “U.S. Funds” written on them are not acceptable and will be returned.

♦ Fees may be paid by MasterCard, VISA, or American Express. Complete this section.

*Card:  ___MasterCard ___VISA       ___American Express

Cardholder Name:  __________________________________________________

Cardholder Number: ____________________ Expiration: ______ CVV: _____

Billing Address: ____________________________________________________

Signature:  ________________________________________________________

Email Address to send receipt: ________________________________________