



ONE SEALASKA PLAZA, SUITE 302 • JUNEAU, ALASKA 99801
TEL (907) 586-1325 • FAX (907) 463-5480 • WWW.AKML.ORG
Member of the National League of Cities and the National Association of Counties

Membership Dues Payment Plan Form & Agreement

Date: _____

Municipality: _____

Phone: _____

Email: _____

Invoice Information:

Total Amount of FY25 Dues Invoice: _____

Invoice Number: _____

Please choose which payment schedule you would prefer:

Monthly Payment

Quarterly Payment

of payments: _____

Amount per payment: _____

Start Date: ____/____/____

End Date: ____/____/____

Day of payment for each cycle/month: _____

Credit Card Information:

Card#: _____

Expiration Date: _____ CVC: _____

Name on Card: _____

I hereby agree to this payment for the charges listed above. If any stop payments or changes of payment need to be made, please reach out to Darian@akml.org prior to the payment date.

Title

Signature

Date