



Hello [REDACTED]



Example: Membership Supporting Doc - Renewal Dates



Profile

Member Name:

[REDACTED]

Member Number:

[REDACTED]

Join Date:

05/02/2026

Paid Thru Date:

05/01/2028

Example: Proof of Completion/Renewal for Membership - AAMA

My Account



Member's Name

Next membership fee due: 12/31/2026

[Renew membership](#)

PROFILE

Profile Summary

Edit Profile

Change Password

MEMBERSHIP

Renew my Membership

Renew Another Membership

CERTIFICATION

Exam Application

Practice Exams

View CEU Transcript

Upload CPR and Smiles for Life CEUs

Upload Non-AAMA CEUs

Personal Information

Review your personal information and make any updates.

AAMA member ID:	123456789
Name:	John Doe
Preferred address:	1234 Main St, Seattle, WA 98101
Home phone:	
Work phone:	206-123-4567
Mobile phone:	206-123-4567
Email:	john.doe@company.com
Preferred communication method:	EMAIL

[Edit profile](#)

Membership Information

This is the status of your membership.

Member type:	Active
Dues paid through:	12/31/2026
Chapter:	Washington State Society
State president:	Sandra M. Erlewine, CMA (AAMA), CPC

Certification Information

Example Proof of Payment

American Association of Medical Assistants

20 N. Wacker Drive
#3720
Chicago, IL 60606

Order Receipt

Invoice Number: 2726814
Date: 11/17/2025
Page: 1

Phone: (312) 899-1500
Fax: (312) 899-1259

Bill To:

Member's Name and
Address

Ship To:

Member's Name and
Address

Customer ID #	Customer PO	Payment Method	Payment Terms		
	AAMA	Visa			
Representative		Shipping Method	Ship Date	Due Date	
Sahenz Pirani		UPS	11/15/2025		
Quantity	Item Description	Unit Price	Discount	Extended	
1	National Dues - Active	\$77.00	\$0.00	\$77.00	
1	State Dues - Active	\$12.00	\$0.00	\$12.00	
1	Chapter Dues - Active	\$0.00	\$0.00	\$0.00	
1	CMA Today	\$0.00	\$0.00	\$0.00	

Subtotal	\$89.00
Sales Tax	\$0.00
Shipping/Handling	\$0.00
Grand Total	\$89.00
Payment Total	\$89.00
Amount Due	\$0.00

2 Messages



[Redacted name]

16:23

Begin forwarded message: From: centr...



central@aamft.org

3/13/26

To: [Redacted]



Order Confirmation



Example Proof of Payment

Thank you for your order! Your purchase helps support our organization and we appreciate your business. Here are the details of your order. Please retain this email for your records.

✓ Order Date: Mar 13, 2026 3:05 PM
 Bill To: [Redacted] Your name
 Order Total: 146.00
 Payment Method: Visa ***** [Redacted]
 Name on Card: [Redacted] Your name

Item	Price	Quantity	Total
Professional Join	146.00	1	146.00
		Item Total	146.00
		Item Grand Total	146.00
		Transaction Grand Total	146.00
		Payment Amount	146.00 ✓
		Balance due	0.00 ✓

Please be aware that it can take up to a hour to automatically receive your itemized dues receipt.

If you purchased an on demand course, please click here: aamft.org/teneo and then "Access My Courses."

To access your Systemic Therapy Certificate, go to aamft.org/teneo and click on the "Access My Courses" button. Use your AAMFT account ID/password to login.

Thank you again for your support!

Connect with us:

American Association for Marriage and Family Therapy is located at 277 S Washington St, Ste 210, Alexandria, VA 22314.





277 S Washington St, Ste 210
Alexandria, VA 22314
Telephone: (703) 838-9808
Fax: (703) 838-9805
Website: www.aamft.org

Example Proof of Completion/Renewal for Membership

April 8, 2026

To whom it may concern:

Your Name

Your ID#

This letter is to verify that [redacted] (membership ID #: [redacted]) is a member in good standing of the American Association for Marriage and Family Therapy.

Member Since: 7/31/2023

Membership Expires: 2/28/2027 ✓

Membership in the AAMFT is maintained through upholding our ethical standards and through payment of annual dues. Information in this letter may be verified by contacting AAMFT Members Services at 703-838-9808.

Sincerely,

Christine I. Michaels
Chief Executive Officer

PAYMENT RECEIPT

Example Proof of Payment

Payment #: 310417 ✓
 Date: 2/28/2026 ✓
 Method: Credit Card ✓
 Confirmation #: 202696713316 ✓
 Last 5 Digits: [REDACTED] ✓

PAYEE: ✓
 [REDACTED] Your Name
 Not Currently in a CS Dept / Unknown

[REDACTED] Your Address

[REDACTED]
 [REDACTED] Your Phone #

MEMO:
 Payment for Order #835721

TRANSACTION	QTY	DESCRIPTION	TOTAL
Invoice #330413	1	Active Membership ✓	10.00 USD
TOTAL:			10.00 USD ✓



**HEALTHCARE
STERILE PROCESSING
ASSOCIATION**

55 West Wacker Drive, Suite 501, Chicago IL 60101 | www.myhspa.org

Email: mailbox@myhspa.org | Toll Free: 800.962.6247 | Direct: 312.440.0078 | Fax: 312.440.9474

Example Proof of Completion/Renewal for Membership

Your name
Your Address

Thank you for your membership with HSPA. At the bottom of this letter, you will find a membership card reflecting your member status. In addition to our *PROCESS* Magazine and *Insights* e-newsletter, membership with HSPA provides numerous advantages and discounts and we encourage you to visit myhspa.org to learn more about the many benefits available to you:

- Discounts on HSPA textbooks, publications, and other materials
- Savings on online continuing education lesson plans and webinars
- Reduced registration fees for the HSPA Annual Conference
- Access to the online HSPA Community Forum
- A vote in HSPA elections, bylaws changes and other updates
- Opportunities to participate on HSPA committees and in Association leadership roles
- Involvement in, or the formation of, a local chapter
- Eligibility for awards recognizing SP accomplishments

If you have any questions regarding your membership, please contact HSPA at membership@myhspa.org or call 800.962.8274. Thank you for your support of the SP profession!

Cut out card and fold in half



MEMBER CARD

Your name

[Redacted Name]

Active Member

Member Status

Your ID#

[Redacted ID#]
HSPA ID#

02/28/2027

Expiration Date

This card denotes membership only with HSPA.

**HEALTHCARE STERILE PROCESSING
ASSOCIATION**

(T) 800.962.8274

(P) 312.440.0078

(F) 312.440.9474

membership@myhspa.org

www.myhspa.org

This card denotes membership only with HSPA. If you are also certified, please use your certificate or visit verify.myhspa.org for verification purposes.