

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	
Sahenaz 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

Example Proof of Completion

My Account



Member's Name

Next membership fee due: 12/31/2026

[Renew membership](#)

PROFILE

[Profile Summary](#)

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MEMBERSHIP

[Renew my Membership](#)

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CERTIFICATION

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[Practice Exams](#)

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[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:	Text

[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