

ASSOCIATION

CREDIT CARD PAYMENT

*A credit card convenience fee of 4 percent will be added to all credit card transactions.
The fee does not apply to cash or check payment methods.

For: _____

Credit card number: _____ Expiration date: ____/____(mm/yy)

CVV Code: _____ Name as it appears on the credit card: _____

Amount to be charged*: \$ _____ Phone: _____ Billing zip code: _____

E-mail: _____
(for receipt)

_____ **Please automatically renew my membership ANNUALLY at the same amount with the above listed credit card.**

Cardholder signature: _____ Date: _____

SIGN and return this form.