

CREDIT CARD PAYMENT OPTION FOR MEMBERSHIP

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: _____

Email: _____
(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, along with your renewal card, in the enclosed postage-paid envelope.