

**CREDIT CARD PAYMENT OPTION FOR MEMBERSHIP**

Please check credit card type:

Visa

MasterCard

Discover

American Express

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy )

CVV Code: \_\_\_\_\_ Name as it appears on the credit card: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_  
(for receipt)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form, along with your membership application.*