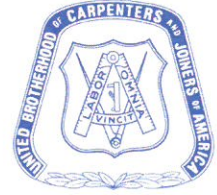




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TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_ UBC# or SSN# \_\_\_\_\_

CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_

CARD#: \_\_\_\_\_

EXPIRATION DATE (month/year): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  Phone In → Staff Initials: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

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Dues Card Receipt # \_\_\_\_\_

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