



Member Credit Card Payment

Company: _____

Member: _____

Credit Card Information:

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type: _____ Expiration Date: _____ Confirm Code: _____

Billing Address:

Membership Initial Fees / Annual Dues:

<u>Membership Category</u>	<u>Initial Membership</u>	<u>Annual Dues</u>
Benefactor	<input type="checkbox"/> \$10,000.00	<input type="checkbox"/> \$5,000.00
Founder	<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$2,500.00
Sponsor	<input type="checkbox"/> \$2,500.00	<input type="checkbox"/> \$1,250.00
Corporate	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$300.00
Individual	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$150.00
Government & Academic	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00
Full-time student	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$35.00

Total Amount To Be Billed To Credit Card: \$ _____

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