



MEMBERSHIP BILLING INFORMATION - CHARGE AMOUNT

MEMBERSHIP TYPE – SELECT ONE

PLATINUM (\$1000 per month)
 GOLD (\$500 per month)
 SILVER (\$250 per month)
 ACTIVE (\$100 per month)
 Monthly Donor (\$25 per month)

ONE TIME ONLY CHARGE	Charge Amount:	\$ _____
MONTHLY DUES	Charge Amount:	\$ _____

CREDIT CARD AUTHORIZATION FORM

Cardholder Name:		
Billing Address:		
Phone:	Email:	
City:	State:	ZIP Code:
Credit Card Type:	Credit Card Number (please write in space below)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Expiration Date:	Security Code (3-4 numbers):	

FOR MEMBERSHIP DONATION OR FEE MADE BY CREDIT CARD (see below)

I authorize **Restoration Association of Florida** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Name:	Date:
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Card or Member Signature X _____

REFER A NEW MEMBER

Know Someone would be interested in RAF?

Name:	Phone Number:
Email:	
Company:	