

AUTODRAFT ENROLLMENT FORM

Please charge my membership dues on a pro-rated monthly basis to my:

1. Credit Card / Bank Debit Card

MasterCard Credit Account Number _____ Expiration Date _____

Visa Credit Account Number _____ Expiration Date _____

American Express Account Number _____ Expiration Date _____

Discover Account Number _____ Expiration Date _____

2. Checking Account – a voided Check is enclosed

Name (Print): _____

_____ I am a current Society member

_____ I am a new Society applicant

Member Number: _____

Signature: _____

Date: _____