



Individual
 January – December 2019\$ 55.00

Affiliate Name:	
Individual Name:	
Address:	
Phone #:	Email:
Fax #:	Web:

Payment Information:	
Billing address: (if different from above)	
Phone #:	Email:
Fax #:	Comments:

METHOD OF PAYMENT	
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> M/C <input type="checkbox"/> VISA	
NAME ON CREDIT CARD: _____	
CREDIT CARD NUMBER: _____ EXPIRY DATE: _____	