

Chapter \_\_\_\_\_ Date \_\_\_\_\_  
mm / dd / yy

I'm paying for:  Myself **AND / OR**  A Guest(s)  
(circle one)

I'm paying for:  Membership **AND / OR**  Event Fees  
(circle one)

My name	My email	\$ _____ Amount Paid
Guest #1 name	Guest #1 email	\$ _____ Amount Paid
Guest #2 name	Guest #2 email	\$ _____ Amount Paid
Guest #3 name	Guest #3 email	\$ _____ Amount Paid
Guest #4 name	Guest #4 email	\$ _____ Amount Paid
		\$ _____ TOTAL

I'm paying by:  Cash  Check made payable to PCMA (Check # \_\_\_\_\_)  
 Visa  Mastercard  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name As It Appears On Your Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card Authorization Signature \_\_\_\_\_

*I agree to pay the above amount according to card issuer agreement.  
 Declined charges are subject to a \$20.00 reprocessing fee.*