

**Credit Card Payment Form**  
MasterCard, Visa, Discover or American Express

**Please Print or Type legibility**  
**\* indicate required fields**

**\* Cardholder Name** \_\_\_\_\_  
(Name as it appears on the Card)

**ASID Membership #:** \_\_\_\_\_

**\* Card Number** \_\_\_\_\_

**\* Exp Date** \_\_\_\_\_ **\* Security Code** \_\_\_\_\_  
(3 or 4 digit code)

**\* Daytime Phone** \_\_\_\_\_

**\* Complete Billing Address with Zip Code**

\_\_\_\_\_  
\_\_\_\_\_

**\* Amount \$** \_\_\_\_\_ **for:** \_\_\_\_\_

**\* Authorized Signature** \_\_\_\_\_

**Print Signature Name** \_\_\_\_\_

**A copy of this signed form will serve as your receipt**  
Charge will show as 'ASID, Wa State Chapter'  
Submit form to Chapter Financial Director Karen Hirschman: [Finance@wa.asid.org](mailto:Finance@wa.asid.org)