



## CREDIT CARD AUTHORIZATION

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Company Name:

Billing Address:

City:

State:

Postal Code:

Country:

Contact Name:

Phone:

Email:

Receipt to be emailed?

Yes, please.

No, thank you.

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Amount to be charged: \$

Invoice #:

Card Type:

American Express

MasterCard

Visa

Account #:

Expiration Date:

Security Code:

Account Holder:

Signature:

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**Please fax form to (202) 484-3483**

**ATTN: Membership**



1100 New Jersey Ave SE, Suite 850  
Washington, DC 20003