

MASA PLATINUM MEMBERSHIP --- EXISTING MEMBERS PORTING MEMBERSHIP

NAME (Last, First, Middle):	DOB: /
SPOUSE (Last, First, Middle):	/ DOB: //
Physical Address:	City/State/Zip:
Mailing Address (if different):	City/State/Zip:
Phone: () Alt. Phone: ()	Email:
Dependent Name:	DOB: /
Dependent Name:	
Dependent Name:	DOB: /
Dependent Name:	/ DOB: /
Dependent Name:	DOB: /
PLATINUM MEMBERSHIP ELECTION	PAYMENT OPTIONS AND AUTHORIZATION
Platinum Membership Payment Option	SELECT PAYMENT TYPE: □ Check □ Money Order (Please make payable to MASA) #:
\$468 Annual	□ Credit Card: Visa / Master Card / Discover / AMEX
\$39 Monthly	#
INITIAL PAYMENT CALCULATION	For Monthly Option, enter desired date of monthly charge:
\$ Membership Fee	Signature:
+ \$ 0 Initiation Fee	For Bank Draft: ☐ Checking (please include voided check)
\$ Total Initial Payment	Bank Name: State:
	Acct. #: Routing #:
	For Monthly Option, enter desired date of monthly draft:
	Auto Renewal of Annual or Multi-year membership? ☐ Yes ☐ No Initials
	I hereby authorize MASA to initiate a debit from my account indicated at above financial institution. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my financial institution. The credit card and bank draft authorizations remain in full force and effect until MASA has received written notice from me of its termination, in such time and manner as to afford MASA and Depository a reasonable opportunity to act on it.
Member's Signature	Name (Print) Date

MASA MTS Rep	Other
7311004	