

MASA MEMBERSHIP INFORMATION

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: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Emergent Ground Membership Payment Option
<input type="checkbox"/> \$99 Annual
<input type="checkbox"/> \$9 Monthly

Emergent Plus Membership Payment Option
<input type="checkbox"/> \$160 Annual
<input type="checkbox"/> \$14 Monthly

Platinum Membership Payment Option
<input type="checkbox"/> \$468 Annual
<input type="checkbox"/> \$39 Monthly

INITIAL PAYMENT CALCULATION	
\$ _____	Membership Fee
+ \$ 0	Initiation Fee
\$ _____	Total Initial Payment

PAYMENT OPTIONS AND AUTHORIZATION
SELECT PAYMENT TYPE: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (Please make payable to MASA) #: _____ ----- <input type="checkbox"/> Credit Card: Visa / Master Card / Discover / AMEX # _____ Exp. Date: ____/____ For Monthly Option, enter desired date of monthly charge: _____ Signature: _____ ----- For Bank Draft: <input type="checkbox"/> Checking (please include voided check) Bank Name: _____ State: _____ Acct. #: _____ Routing #: _____ For Monthly Option, enter desired date of monthly draft: _____ ----- Auto Renewal of Annual or Multi-year membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ ----- <small>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.</small>

► _____ **Member's Signature**
 _____ **Name (Print)**
 _____ **Date**

MASA MTS Rep	Other