



Membership Application Form

Personal Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:**
Street: _____
City: _____ State: _____ ZIP: _____

Membership Details

- **Membership Type:**
 - ☐ Basic (\$20/month)
 - ☐ Premium (\$40/month)
 - ☐ VIP (\$70/month)
- **Start Date:** _____

Payment Information

(All information is encrypted and securely processed)

- **Cardholder Name:** _____
- **Card Number:** _____
- **Expiration Date (MM/YY):** _____ / _____
- **CVV:** _____
- **Billing ZIP Code:** _____

☐ I authorize the organization to charge my credit card for the membership selected above.

Signature: _____

Date: _____