

# EZDUES ENROLLMENT FORM

Please charge my membership dues on a pro-rated monthly basis to my:

## 1. Credit Card / Bank Debit Card

MasterCard Credit Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Credit Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discover Credit Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## 2. Checking Account – *a voided check is enclosed*

Name (Print): \_\_\_\_\_

\_\_\_\_\_ I am a current Society member

\_\_\_\_\_ I am a new Society applicant

Member Number: \_\_\_\_\_

☐ **I have read and accept the EZDues Terms and Conditions located on the BHS Membership Application.** *(Found online or inquire information from your Chapter Secretary)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_