



MEMBERSHIP DUES PAYMENT Credit Card Authorization Form

Submitted by: _____ Company _____

CREDIT CARD HOLDER – BILLING INFORMATION: To avoid delay in processing, all information must be provided. Print clearly in black or blue ink. Complete and sign.

Name Address

City State Zip Country

Contact Person for Company Billing Email

(_____) _____ Ext _____
Telephone

A credit card signature acknowledges that I agree not to dispute and will pay the amount applied to my credit card for membership dues payment and applicable fees. I understand WMA has the right to adjust membership dues and/or the membership dues structure; and if applicable that qualified distributor members must recertify their company annually, in accordance with the WMA Bylaws, by returning a WMA Distributor Membership Dues Recertification Form. Membership dues are billed annually and are due by January 1st of each year. All membership dues and applicable fees are non-refundable. I agree and provide my consent to process my dues payment on my credit card; should the dues amount, or processing fee entered be incorrect amount, I grant permission for WMA to adjust the dues payment and any fees and I will not dispute the credit card amount for processing. I further acknowledge that I am the company credit card holder, or an authorized user of the credit card information referenced below.

Membership dues payment _____

Processing fee 4.5% _____

Total to be applied to my credit card. _____

CREDIT CARD INFORMATION

Check One: Visa MasterCard AmEx

Card # Expiration Date CCV# (must be provided)

Name as it appears on the Credit Card (print)

Authorized / Cardholder's Signature