

## AWMI Headquarters Credit Card Processing Form

Name of Chapter: \_\_\_\_\_  
 Chapter Address: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_  
 Contact Person Telephone #: \_\_\_\_\_

Please print the following information:

Name On Credit Card	Credit Card Number	Expiration Date	Amount of Transaction	Amount Due to Headquarters for: Dues, Mgt Registration etc.*

Board Member Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* If members are paying for a chapter activity and their membership dues or International meeting registrations, please fill in the amount and what the payment is for.

Please fill this form out completely. Forms that are not filled out completely will be returned to the Chapter.