



S.C.L.R.A.
1861 S Patrick Drive
P.O. Box 129
Indian Harbour Beach,
FL 32937

Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name:	_____
(as shown on card):	
Card Number:	_____ - _____ - _____ - _____
Expiration Date (mm/yy):	____ / ____
	CCV: _____
Cardholder ZIP Code:	_____
(from credit card billing address)	

I, _____, authorize *Space Coast Licensed Roofers Association (SCLRA)* to charge my above credit card for agreed upon purchases for: Membership Dues Fundraiser: _____, for \$ _____. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Annual Contractor Membership Fee - \$350.00

Annual Associate Membership Fee - \$500.00

Credit Cards swiped will acquire a 3% service fee.
To swipe, please contact the Treasurer.

Payments manually entered will acquire a 4% service fee.
Please complete and mail this form along with your membership application.

For more information please see our website at www.SCLRA.com or Facebook [@BrevardSCLRA](https://www.facebook.com/BrevardSCLRA)