creative arts temple
An Unorthodox Congregation

--MEMBERSHIP 2010 * 5771--

AUTHORIZATION TO CHARGE CREDIT CARD

Please Print Clearly

Please fill out and fax back with New Member/Seat Reservation Form to 310-470-2949 or Email to info@CreativeArtsTemple.org

Today's Date: _____

Cardholder Name: _____
(this must match bill to information)

Billing Address: _____
(this must match bill to information)

City: _____ **State**: _____ **Zip**:_____

Cardholder Phone #: _____

Credit Card (check one): ☐ **Visa** ☐ **Mastercard** ☐ **Discover** **NO AMEX**

Amount to be Charged: _____

Card Number: _____

Expiration Date: _____ **Security Code**: _____
month/ year 3 digits on back

By signing authorization, I/we authorize Creative Arts Temple (CAT) to charge my/our Visa / Mastercard or Discover card for membership and additional contributions.

_____
Authorized Signature

_____
Date

Please Note: all information provided will be verified for accuracy.
If the name on the account and the address do not match
an alternate payment method will be required.