



## **Credit Card Authorization Form**

Name: \_\_\_\_\_

Payment For: \_\_\_\_\_  
Event (name) / Lunch Meeting / Sponsorship / Annual Dues

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

Amount \$: \_\_\_\_\_

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Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

CCV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

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

Your receipt will automatically be emailed to you. Please provide your email address below.

Email Address: \_\_\_\_\_

***The Albuquerque APA Chapter thanks you for your support!***