



Rev. 4/25

ADSC Northeast Chapter Credit Card Authorization Form

Name on Card: _____

Card Number: _____

Expiration Date: _____ / _____

3 or 4 Digit CCV: _____

Billing Zip Code: _____

Please charge the above card for (check any boxes that apply):	Amount Due:
<input type="checkbox"/> Event Attendance, _____ (write name of event above)	\$ _____
<input type="checkbox"/> Event Sponsor, _____ (write name of event above)	\$ _____
<input type="checkbox"/> Annual Chapter Dues, Associate Member (\$100)	\$ _____
<input type="checkbox"/> Annual Chapter Dues, Contractor Member (\$250)	\$ _____
<input type="checkbox"/> Other (please specify): _____	\$ _____
SUBTOTAL:	\$ _____
3.5% Processing Fee (charged by Square, Inc.)	\$ _____
TOTAL:	\$ _____

Authorized Signature

Date

Email address (please provide if you would like a receipt for the above transaction)