



P. O. BOX 8723
Prairie Village, KS 66208-8723
(816) 464-1940

CREDIT CARD PROCESSING FORM

Date: _____

Visa ____

MasterCard ____

American Express ____

Credit Card Number:

Expiration Date:

_____ - _____ - _____ - _____ _____

Name on card:

Billing address:

Phone Number

_____ - _____ - _____

Email Address:

Signature:

I authorize NSA-Heartland to charge my credit card for the following:

Monthly Meeting Fees:

\$ _____

Annual Membership Dues:

\$ _____

Special Events:

\$ _____

Other:

\$ _____

TOTAL:

\$ _____

Once your card is processed, you will receive an electronic receipt to the email address you provided above.