

MEMBER BILLING PREFERENCE FORM

MEMBER NAME:
PLEASE BILL MY MEMBERSHIP DUES:
☐ Annually (billed on January 1st and due within 30 days)
Quarterly (billed on January 1st, April 1st, July 1st and October 1st and due within 30 days)
☐ Monthly (annual dues amount divided by 12 billed monthly and due within 30 days)
PLEASE SEND MY MONTHLY STATEMENTS BY:
☐ Email Email address:
☐ Standard Mail
PLEASE RETURN THIS FORM WITH YOUR COMPLETED MEMBERSHIP APPLICATION
COMMENTS? PLEASE LET US KNOW BELOW OR CONTACT THE OFFICE AT 210.479.0307