

MASA PLATINUM MEMBERSHIP --- EXISTING MEMBERS PORTING MEMBERSHIP

NAME (Last, First, Middle): _____ DOB: ____ / ____ / ____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / ____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

PLATINUM MEMBERSHIP ELECTION	
Platinum Membership Payment Option	
_____ \$468 Annual	
_____ \$39 Monthly	

INITIAL PAYMENT CALCULATION	
\$ _____	Membership Fee
+ \$ 0	Initiation Fee
<hr/>	
\$ _____	Total Initial Payment

Please mail enrollment form along with form of payment to:

MASA Global Building
 Attn: Group Sales
 1250 S. Pine Island Rd, Suite 500
 Plantation, FL 33324

PAYMENT OPTIONS AND AUTHORIZATION	
SELECT PAYMENT TYPE:	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order (Please make payable to MASA) #: _____ -----	
<input type="checkbox"/> Credit Card: Visa / Master Card / Discover / AMEX # _____	
Exp. Date: ____/____	
For Monthly Option, enter desired date of monthly charge: _____	
Signature: _____	

For Bank Draft: <input type="checkbox"/> Checking (please include voided check)	
Bank Name: _____ State: _____	
Acct. #: _____ Routing #: _____	
For Monthly Option, enter desired date of monthly draft: _____	

Auto Renewal of Annual or Multi-year membership?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	

I hereby authorize MASA to initiate a debit from my account indicated at above financial institution. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my financial institution. The credit card and bank draft authorizations remain in full force and effect until MASA has received written notice from me of its termination, in such time and manner as to afford MASA and Depository a reasonable opportunity to act on it.	

▶ _____
Member's Signature

_____ Name (Print)

_____ Date

MASA MTS Rep	Other