

DRAW Membership/Renewal Application
Print and complete this form and mail it to the address listed below.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ DRAW Member # (renewals) _____

Mark the Appropriate Items:

1) Annual DRAW Dues:

_____ Individual - \$30 **Payable in US Funds only**

_____ Family - \$50 **Payable in US Funds** (two or more family members)

2) Donation to DRAW in the Amount of \$: _____

3) I would like to Receive: (One Each Per Family Membership)

DRAWing Attention (newsletter): Yes _____ No _____

DRAW Name Tag: Yes _____ No _____

DRAW Decal: Yes _____ No _____

Form of Payment: Please Do Not Mail Cash

1) Pay by Credit Card

Card Number: _____

3 Digit Security Code (from back of card) _____

Expiration Date (MM/YY): _____

Name as Appears on Card: _____

Type of Credit Card:

Visa _____ Master Card _____ American Express _____ Discover _____

Charge Amount: _____

Customer Signature X _____

Date: _____

Authorization No.: _____ (for office use only)

2) Pay by Check

Check #: _____ Check Amount: _____

Make check payable to **DRAW**

Mail to:

DRAW Treasurer
3221 Rosewood Court
Davie, FL 33328