



RECURRING PAYMENT AUTHORIZATION FORM

Regular or Affiliate Membership

Bank transfer: I authorize APNA to charge my bank account \$12.50 each month for installment payment of my membership dues.
 I have enclosed a VOIDED check.

Credit card: I authorize APNA to charge my credit card \$12.50 each month for installment payments of my membership dues.
 VISA Mastercard American Express Discover

Credit Card # _____ Exp. Date _____ CVV Code _____

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Email _____

TERMS OF AGREEMENT

This authorization shall remain in effect for one year and will renew automatically unless I notify APNA in writing of my wish to cancel within 30 days of my renewal date. My monthly credit card statement or bank statement will serve as my receipt. Each year the APNA BOD reviews the annual membership fee. The fee is subject to adjust annually.

Signature _____ Date _____
(Required)

Please send completed form to:

**APNA
P.O. Box 70525
Philadelphia, PA 19176-9943
or Fax to 855-883-2762**

Keep this portion for your records.

Amount authorized per month \$12.50

Date Signed _____

Please contact your Membership Department at 855-863-2762 or email Patti Federinko at pfederinko@apna.org with questions.

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