

If paying with a credit card, please print and complete this form  
Fax with Membership Application to: (909)363-7373 fax.

### Cardholder Information

Company Name: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

MasterCard       Visa

Credit Card Number    \_ \_ \_ - \_ \_ - \_ \_ - \_ \_ - \_ \_

Expiration date:    \_ \_ / \_ \_    Card Security Code\*    \_ \_ \_

*(\*This 3-digit security code is located on the back of the card.)*

Description of charge(s): \_\_\_\_\_

I authorize the Yucaipa Valley Chamber of Commerce to charge \$ \_\_\_\_\_ to my credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_