

Current Membership ID _____

MASA DI ATINIIM MEMREDSHID	EXISTING MEMBERS PORTING MEMBERSHIP
	DAIOTING MINUMIDINA FUNTING MINUMIDINASITIF

NAME (Lost First Middle).		
NAME (Last, First, Middle):		
SPOUSE (Last, First, Middle):	///	
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	PAYMENT OPTIONS AND AUTHORIZATION	
Platinum Membership Payment Option	SELECT PAYMENT TYPE: □ Check □ Money Order (Please make payable to MASA) #:	
\$468 Annual	□ Credit Card: Visa / Master Card / Discover / AMEX	
\$39 Monthly	#	
	Exp. Date:/	
INITIAL PAYMENT CALCULATION	For Monthly Option, enter desired date of monthly charge:	
\$ Membership Fee	Signature:	
+ \$0 Initiation Fee	For Bank Draft: ☐ Checking (please include voided check)	
\$ Total Initial Payment	Bank Name: State: Acet. #: Routing #:	
	For Monthly Option, enter desired date of monthly draft:	
Please mail enrollment form along with form of payment to:	Auto Renewal of Annual or Multi-year membership? See No Initials	
MASA Global Building Attn: Group Sales 1250 S. Pine Island Rd, Suite 500 Plantation, FL 33324	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 of its termination, in such time and manner as to afford MASA and Depository a reasonab opportunity to act on it.	
Member's Signature	Name (Print) Date	

MASA MTS Rep	Other