

Membership Agreement

As a member of KMC Phoenix, I understand and agree to the Membership Guidelines outlined below:

Membership Details

- Monthly contribution of your choice will automatically be charged to my credit card
- 3-month trial commitment requested (renewal is assumed unless we hear from you)
- Membership is effective automatically (partial month will be prorated)
- Charges generally post to your credit card account on the fifteenth(15) day of each month
- *Cash and checks are not accepted for membership payments*

In addition to my membership, I would like to donate \$_____ to KMC PHX monthly

Contact information

First Name:_____Last Name:_____

Best Phone # to Reach You:_____

Email:_____

Address:_____

City, State, Zip:_____

☐

MasterCard

☐

Visa

☐

American Express

☐

Discover

Credit Card Number

Expiration Date

CSV

Signature:_____Date:_____/_____/_____

Thank you for becoming a member of KMC Phoenix!

For Office Use Only:

Membership Begins

Processed By:_____