



The Consular Corps of Washington, DC
Post office Box 39306
Washington, DC 20016

**Credit Card Authorization - Payment To The
Consular Corps of Washington**

This is to authorize the debit of your credit card for the service(s)
specified below.

Name of Cardholder (Please print): _____

Name of applicant: _____

Email address: _____

Billing address and zip code: _____

(Same as it appears on your credit card statement)

Description of requested service(s) _____ Full Membership (\$60.00)
_____ Associate Membership (\$60.00)
_____ Supporting Membership (\$600.00 + \$20.00 processing fee)
_____ Lunch Punch Card – 10 lunches (\$350.00)
_____ Lunch Punch Card – 5 lunches (\$180.00)

Credit Card Information

Circle one only: Visa MasterCard American Express Discover

Card number: _____

Expiration Date: ____ / ____ Month/Year

Security Code on Back of Card: _____

Amount for service(s): _____

Signature: _____

Date: _____

This form constitutes an official authorization for the Consular Corps of Washington to charge your credit card for the payment of services requested. It is the only acceptable form for credit card payment. This form must be fully completed and signed.