

Credit Card Payment Form

Credential No.: _____ Board Registration No.: _____ New Application No.: _____

Change of Address

Member/Applicant Name _____

Billing Address _____

City _____ State _____ Zip _____ Birth Date ____ / ____ / ____

Home Phone (_____) _____ Work Phone (_____) _____

VISA or MCARD **Please note, a 3.75% service charge will be added to all credit/debit card transactions.** Security Code: _____

Number _____ - _____ - _____ Exp. Date _____

Authorization Number: _____

Name (as it appears on card) _____

Credit card statement billing address
(If different than above) _____

City _____ State _____ Zip _____

CAAP CARS CCJP CFPP COUN CPRS CRSS CVSS MAATP CODP PCGC PREV RDDP

- | | |
|---|---|
| <input type="checkbox"/> Annual Maintenance Fee _____ | <input type="checkbox"/> Application Fee \$ _____ |
| <input type="checkbox"/> Biennial Re-certification Fee _____
Opt 1 Opt 2 Opt 3 | <input type="checkbox"/> Transition App Fee \$30.00 _____ |
| <input type="checkbox"/> Initial Certification Fee _____
Opt 1 Opt 2 Opt 3 | <input type="checkbox"/> Reprint Certificate/Board Reg \$15.00 _____ |
| <input type="checkbox"/> Deferred Billing Fee \$5.00 _____ | <input type="checkbox"/> Reprint Conference Certificate \$10.00 _____ |
| <input type="checkbox"/> Late Fee \$ _____ | <input type="checkbox"/> Inactive Status \$20.00 _____ |
| <input type="checkbox"/> Extension \$ _____ (X) _____ Months _____ | <input type="checkbox"/> Emeritus Status \$10.00 _____ |
| <input type="checkbox"/> Testing Late Fee \$50.00 _____ | |
| <input type="checkbox"/> Testing Fee \$ _____ | <input type="checkbox"/> Other _____ |

Mail Receipt Total Due _____ Total Charge _____

Date _____ Employee _____

MID # _____ Exp. Date _____