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AUTOMATIC RENEWAL AUTHORIZATION

Member Name:	
Member ID:	Chapter Name:
E-mail Address:	
	(required for automatic renewal option)
Phone Number:	
Circle one: Visa -	Mastercard - Discover - American Express
Signature:	
Credit Card #:	
Exp. Date:/	_ CVV (3-digit code on back of card):
□ I authorize MARSP to automatically renew my State and Local Chapter Membership the first week of March each year using the above stated credit card. <i>(e-mail address required for automatic renewal)</i>	
	Please return to:
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