



membership registration card

- Taekwondo / archery class - \$130 per month / 2 times a week
- ✓ **Discount Event (Only for lump-sum payment)**
- * 3 month / \$123 per month - \$370.00 (5% Off must pay in full in advance)
- * 6 month / \$117 per month - \$700.00 (10% Off must pay in full in advance)
- * 12 month / \$104 per month - \$1,250.00 (20% Off must pay in full in advance)

Member Information
student name: _____ student date of birth: _____.
Address : _____.
Phone : _____.
Email : _____.

Cash
 Check
 Other. _____

Credit Card Authorization Form

Credit Card Information
Card Type : <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card) : _____
Card Number : _____
Expiration Date (mm/yy) : _____ CVV : _____
Cardholder ZIP Code (from credit card billing address) : _____

I, _____, authorize **US TAEKWONDO & ARCHERY, INC** to charge my credit card above for \$ _____ on ___/___/___ and on the same date thereafter until I make a written or verbal request to cancel.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Customer Signature _____ Date _____.



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