



Canadian Academy of Medical Acupuncture INC

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CREDIT CARD AUTHORIZATION FORM

Membership Year:		Membership Number (if known):	
Name:			
Phone number (home):		Phone number (cell):	
Home Address:			
City:		Province:	Postal Code:
Billing Address (if different from above):			
City:		Province:	Postal Code:

MEMBERSHIP FEE: Earlybird discount for new graduates of level 1: \$195 Regular: \$395

MEMBERSHIP RENEWAL FEE: One year: \$195
 Multi-year renewal discount: 2 years: \$200 5 years: \$250

OTHER: 11" x 17" wall certificate: \$75 (*included with all new membership registrations*)

Total amount: _____

Indicate your preference of payment:

Visa Mastercard *Note: We do not accept American Express

Card Number: _____ **Expiration Date (mm/yy):** _____

I authorize Canadian Academy of Medical Acupuncture INC. to charge my credit card in the amount specified above (Please note that it will appear as Ancaster Sports Injury and Rehab INC. on your credit card statement).

Date: _____

Signature: _____