



Division of MASA Global
 1250 W. Southlake Blvd. • Southlake, Texas 76092
 Phone: (800) 423-3226 Fax: (817) 381-3355

MASA PLATINUM MEMBERSHIP FOR L3 MEMBERS

NAME (Last, First, Middle): _____ DOB: ____ / ____ / ____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / ____

Physical Address: _____ Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ Alt. Phone: (____) ____ - ____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

PAYMENT OPTIONS FOR PLATINUM MEMBERSHIP FOR L3 MEMBERS

**Charter Lifetime Platinum Membership
 (50 years old or older)**

Single: ____ \$2,900
 Family: ____ \$3,900
 (\$60 Initiation Fee Waived)

5 Year Platinum Membership

Single: ____ \$1,305
 Family: ____ \$1,755
 (\$60 Initiation Fee Waived)

Annual Platinum Membership

Single: ____ \$290 Annual or ____ \$24.17 Monthly
 Family: ____ \$390 Annual or ____ \$32.50 Monthly
 (\$60 Initiation Fee Waived)

SELECT PAYMENT TYPE:
 Annual Monthly (Annual Membership Only)

 Check Money Order (Please make payable to MASA)

 Credit Card: Visa / Master Card / Discover / AMEX
 # _____
 Exp. Date: ____/____

 For Bank Draft: Checking Savings (please include voided check)
 Bank Name: _____ State: _____
 Acct. #: _____ Routing #: _____

 For monthly payment option, select date of month to draft from
 account or charge card on: 1st 15th 25th

 Auto Renewal of membership? Yes No Initials _____

 I hereby authorize MASA to initiate a debit from my account indicated at above
 financial institution. If this item is returned unpaid, I authorize an additional returned
 check fee in conformity with the policies of my financial institution. The credit card and
 bank draft authorizations remain in full force and effect until MASA has received
 written notice from me of its termination, in such time and manner as to afford MASA
 and Depository a reasonable opportunity to act on it.

▶ _____
 Member's Signature

_____ Name (Printed)

_____ Date