



New Member Auto Charge Enrollment Form

Circle Options wanted below:

Yes Charge my initiation fee to credit card

Yes Charge Monthly dues & incidentals to credit card.

Primary Member's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Type: **Circle Below**

We Only Accept: **VISA** or **MASTERCARD**

Name as displayed on card: _____

Credit Card Account Number: _____

Expiration Date: _____ **CVV# (REQUIRED):** _____

Signature: _____ Date: _____

Return to: SDTRC 4848 Tecolote Rd, SD, CA 92110

Attn: Leslie Rocca – Office Manager

Or

Secure Fax: 619-276-0832

Or

Email: LRocca@sdtrc.com

Or with paperwork