



Auto Charge
Enrollment Form

Circle below

Yes or No: Charge my initiation fee to this card.

Yes or No: Monthly dues & additional club charges to this card.

SDTRC Membership Account Number:

Name:

Billing Address:

City:

State:

Zip:

Name as displayed on card:

Credit Card Account Number:

Expiration Date:

✓ Credit Card Option: check below

VISA

or

MASTERCARD

Signature:

Date:

Return to: SDTRC 4848 Tecolote Rd, SD, Ca. 92110

Attn: Leslie Rocca – Office Manager

Either Fax to: 619-276-0832

Or

Email to: LRocca@SDTRC.com