

CSG MEMBERSHIP PAYMENT VIA CREDIT CARD FORM



MEMBER INFORMATION

MEMBER NAME: _____

EMPLOYER: _____

PHONE: (_____) _____ - _____

PAYMENT INFORMATION

CARD HOLDER NAME: _____
(as written on the card)

TOTAL PAYMENT (from Membership App): \$ _____

COMPANY NAME: _____
(if applicable)

** Card Type: _____
(Note: Accepted cards only include MasterCard, Visa and American Express)

**CARD #: _____ - _____ - _____ - _____

** EXPIRATION DATE: _____ / _____
(MONTH) (YEAR)

CARD HOLDER PHONE: (_____) _____ - _____

** If desired for security reasons this information may be transmitted via a phone call. Please fill out the rest of the form and leave these items blank. The cardholder will be contacted for payment over the phone.

Please bring your payment to the next meeting or mail to:
Construction Safety Group of Kansas City
720 Oak Street, Kansas City, MO 64106
Kansas City, MO 64106