

CREDIT CARD AUTHORIZATION

For payment of	Membership Change of Status		
	Inactive to Active Retired to Active	Balance Due: Balance Due:	\$ 240 \$ 290
Name			
Bar Number			
Firm Name			
Address			
City, State, Zip			
Telephone #			
Credit Card Number	For your security – Do not complete this box MCLE will contact you at the time of processing		
Expiration Date			
Cardholder's Name			
Credit Card Billing Address (if different from above)			
City, State, Zip			
Amount			

Eff: 3/4/19