



Full Name: _____

Credit Card Billing Address: _____

Date of Birth: _____

Yes! I accept the Early Bird Discount: Yes No

Would you like to sign up for automatic dues renewal? Yes No

Credit Card Number: _____

VISA, MasterCard, American Express & Discover accepted

Expiration Date: _____ CVV Code: _____

Dues Amount you are paying: _____

Additional donation (please specify your donation intention in the comments field): _____

Total Payment: _____

Comments: _____

Please return this form via email to [memberservices @cmda.org](mailto:memberservices@cmda.org), by fax to 423-844-1090 or by mail to
CMDA, PO Box 7500, Bristol, TN 37621