



## Canadian Academy of Medical Acupuncture INC

756 King Street West  
Hamilton, Ontario L8S 1J8  
Tel: (905) 648-9450  
Fax: (905) 648-4426  
Email: [camedacu@gmail.com](mailto:camedacu@gmail.com)  
[www.acupunctureprogram.com/cama](http://www.acupunctureprogram.com/cama)

### Credit Card Authorization

Membership Year: \_\_\_\_\_

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address (if Different from above): \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Indicate your preference of payment:

Visa    Master Card   **Note: We do not accept American Express**

Card Number: \_\_\_\_\_

Expiration Date and 3 digit CVC code \_\_\_\_\_

Amount: \_\_\_\_\_

I authorize Canadian Academy of Medical Acupuncture INC. to charge my credit card in the amount specified above (Please note that it will appear as Ancaster Sport Medicine Centre INC. on your credit card statement)

I authorize Canadian Academy of Medical Acupuncture INC. to automatically charge my credit card annually in the amount specified above. I will inform you in writing when I no longer wish to have my membership automatically renewed. However, I will do so by November 30 for the membership of the following year. I further understand that membership fee is not pro-rated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You can email a SIGNED copy to [camedacu@gmail.com](mailto:camedacu@gmail.com) or fax to (905) 648-4426