



FUR INFORMATION COUNCIL OF AMERICA / www.fur.org

Membership Application

PLEASE PRINT OUT AND COMPLETE THIS MEMBERSHIP APPLICATION FORM. All information will remain confidential. Email completed form to info@fur.org or fax to (812) 279-2270 or mail to Fur Information Council of America, 2611 16th Street #110, Bedford, IN 47421. If you have questions, call (323) 782-1700.

COMPANY NAME

FIRST NAME LAST NAME

COMPANY ADDRESS

CITY STATE ZIP

EMAIL PHONE FAX WEBSITE

Payment Plan

YEARLY MEMBERSHIP DUES ARE \$1,500.00. Please indicate your payment plan preference.

Plan	Amount	Payments	Total
<input type="checkbox"/> Monthly	\$125.00	12	\$1,500.00
<input type="checkbox"/> Quarterly	\$375.00	4	\$1,500.00
<input type="checkbox"/> Yearly	\$1,500.00	1	\$1,500.00
<input type="checkbox"/> Other	\$ _____	___	\$ _____

If paying by check, Check # _____

Authorization for Credit Card Charge

BY MY SIGNATURE BELOW, I authorize Fur Information Council of America to charge my credit card the amount identified for my yearly membership dues. I further state that I am the authorized signer for the credit card identified.

Visa MC AMX CARD TYPE CREDIT CARD NUMBER EXPIRATION DATE

NAME ON CARD SECURITY CODE

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP

CARD HOLDER AUTHORIZATION SIGNATURE