



2009 LANTERN CLUB REGISTRATION DUES

Please charge my credit card \$340* for my Lantern Club 2008 dues.

NAME: _____

MAGAZINE: _____

EMAIL: _____

PHONE: _____ FAX: _____

CREDIT CARD INFORMATION:

Card Type: _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

Mailing Address (where the receipt should be sent):

We will send back confirmation of fax within 24 hours via email. Receipt of transaction will be mailed to you. Please note if you would like the receipt mailed to a different address than listed above.

Please return via email to:

Gray Hassold
lanternclubinfo@gamil.com

*an additional \$10 fee is added for electronic/credit card payment.
If paying by check, feel free to make the amount \$330.