

SNHBA Now Offers DUES Payment by Credit Card

Charge to: ___ MC ___ Visa Amount to be charged: \$ _____

Credit Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Phone Number: _____

Billing Address/Zip Code:

Signature: _____
(Please attach to a copy of your statement)



Date: _____

"Those Who Belong...Care"