



JOB POSTING CREDIT CARD ORDER FORM

ORDER DETAILS – please circle the dollar amount to be charged to your credit card.

\$50 AFP members

\$100 nonmembers

BILLING INFORMATION — Please enter the following information **EXACTLY** as it appears on your credit card.

Card Type VISA MasterCard American Express Discover

First Name _____ MI _____ Last Name _____

Card Number _____ Expiration Date _____

3- or 4-digit CVC Code _____

Billing Address _____

City _____ State _____ ZIP Code _____

E-mail Address _____

Best Telephone to Reach You _____

Please return this form via email to:

Nikki Johnson
Chapter Administrator
afpcentralpa@gmail.com
717-433-0113