

BHS EZDues Enrollment Form



110 7th Ave N, Nashville TN 37203, customerservice@barbershop.org FAX: 615.313.7620 TOLL-FREE: 800.876.SING

SECTION I - Personal Information <i>(please print clearly)</i>		Previous or Current BHS Member #: _____ <i>(if known)</i>	
First Name	Last Name		
Your Email Address <i>(Your username for BHS Member Center)</i>			
SECTION II – Credit Card or Checking Account Information <i>We accept VISA, MasterCard, Discover, and American Express</i>			
Credit Card Option:	<input type="checkbox"/> I would like to use the Credit Card option and I have included my card information below.	Checking Account Option: <i>Currently, we cannot process International accounts.</i>	<input type="checkbox"/> I would like to use the Checking Account option and I have included a voided check below.
Credit Card Number: _____			
Billing ZIP Code: _____	Card Type: <i>(Check One)</i> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Expiration Date: <i>(Month & Year)</i> _____/_____	CVV: <i>(3 or 4 digit code on back or front if AMEX)</i> _____		
SECTION III – Member Type			
<input type="checkbox"/> I am a current Society Member, my member number is indicated above			
<input type="checkbox"/> I am a new or reinstating Society applicant <i>(to be submitted with Membership Application)</i> Reinstating members are only eligible for half price first year if they have been a non-member for longer than two years.			
SECTION IV – Authorization <i>(Please ensure that the applicant signs this agreement.)</i>			
Applicant Signature: <i>By signing this form, I acknowledge that I have accepted the Terms and Conditions of the EZDues Program. For more information contact the BHS Customer Service Team at customerservice@barbershop.org.</i>			
Signature of applicant: _____			Date: _____

Attach Voided Check Here