

EZDues Enrollment Form

Please charge my membership dues on a monthly basis to my:

Credit or Debit Card *(Unfortunately, we cannot accept American Express for automatic withdrawals at this time)*

MasterCard Account Number: _____ Expiration Date: ____/____

Visa Account Number: _____ Expiration Date: ____/____

Discover Account Number: _____ Expiration Date: ____/____

Checking Account *(a voided check must be attached)*

Name (Print): _____

I am a current Society member, member number: _____

I am a new or reinstating Society applicant (send with the membership application)
Reinstating members are only eligible for half price first year if they have been out for longer than two years.

By signing this form, I acknowledge that I have read and accept the EZDues Terms and Conditions located on the BHS Membership Application. (Found online or inquire information from your Chapter Secretary or customerservice@barbershop.org).

Signature: _____

Date: _____

Attach Voided Check Here