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SMART TD AUXILIARY MEMBERSHIP APPLICATION

Name _____

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- Check to receive newsletter via email Check to receive Auxiliary Constitution via email

Signature _____ Date _____

Referred by _____

\$10 Membership Application Fee

Credit Card Number _____ Expiration _____

(Visa, MasterCard, American Express)

CID _____ (3 digits on back for Visa/Mastercard - 4 above card # for AMX)

If paying by check make payable to: "**SMART TD Auxiliary**"

Complete and mail to:

SMART TD Auxiliary
8001 Sweet Valley Dr., Ste. 15
Cleveland, OH 44125