INDIANA STATE WRESTLING ASSOCIATION, INC.

Dear Club Representative,

You may pay your club fees using a credit card. If you choose this option, please fill out all required credit card information, located below, and return it, along with the completed and signed Club Charter Application to Indiana State Wrestling Association. All credit card information will be shredded upon completion of your transaction using PayPal.

If you have questions regarding payment by credit card please contact the ISWA office.
Phone: 317-780-1885; Fax: 317-783-4336 or Email: iswa@sbcglobal.net

Yours in wrestling,
Trina Dowden
ISWA Membership Director

INDIANA CLUB MEMBERSHIP PAYMENT OPTION

Club Name: _____

Card Holder's Name: _____ _____
(as name appears on card)

Address: _____
(as it appears on billing statement)

City: _____ State: _____ Zip: _____

Email address: _____ Home phone: _____

Credit/Debit Card Withdrawl

I authorize Indiana State Wrestling Association to charge a total amount of $_____ to my credit/debit card.
VISA MC DISC AMEX

_____-_____-_____- _____ _____
Card No. (Required) Exp. Date (Required)

_____ Card Security Code: (on the back of your card, locate the final 3 digit number) - Using Amex? (located on front of card)

Signature _____
(Required – as name appears on card)