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 501(c)3 Non-Profit

Membership Form

Fax Form

PLEASE PRINT LEGIBLY, OR COMPLETE IN ACROBAT READER. KEEP THIS FOR YOUR RECORDS. FOR SECURITY REASONS, DO NOT EMAIL YOUR CREDIT CARD INFO.

DATE:		
NAME:		
BILLING ADDRESS		
STREET:		
CITY:		
STATE:		
ZIP CODE:		
PHONE NUMBER:		
E-MAIL:		
SHIPPING ADDRESS	[IF DIFFERENT FROM BILLING ADDRESS]	<input type="checkbox"/> CHECK HERE IF THIS DOES NOT APPLY
STREET:		
CITY:		
STATE:		
ZIP CODE:		

PURPOSE OF PAYMENT: (PLEASE MARK THE CORRECT ITEM.)

\$36.00 PER YEAR

MEMBERSHIP: NEW MEMBER RENEWING MEMBERSHIP

AMOUNT OF PAYMENT: \$ _____

Credit Card: Mastercard VISA AmEx Discover Expiration Date _____

Name on Card: _____

Credit Card Number: _____ CSV Code: _____

Authorized Signature: _____

For confirmation that your fax has been received and processed, please also send an email to info@itecsd.org with your contact information. We will reply to that email. Your credit card information is not retained by us once your membership is processed.

**PLEASE FAX TO
(858) 551-5152**

Please note that if you wish to process your membership over the phone, we can do that too. Send an email with your phone number and a best time to reach you.

Remember, your membership donation is tax-deductible!