To : Academy of Principals (Singapore)

51 Grange Road Blk 2 #01-04A Singapore 249564 Tel: (65) 68387337

Fax: (65) 6838 7339

## **CREDIT CARD AUTHORISATION FORM**

I,	(NRIC/Passport No:	) hereby
authorise Principals Academy Inc Pte Ltd to charge to my credit card number:		
-		
Name on credit card:		
Expiry Date (mm/yy):	Type of Credit Card	(pls tick):
	VISA	MASTER
Authorisation Code*:  *This 3-digits code can be found at (or near) the signature panel behind your credit card. If there are many numbers, the last grouping of 3 digits shall be this authorisation code.		
Amount S\$:		
Being payment for (pls tick according	gly):	
Ordinary Membership S\$50	Associate Membership S\$30	)
Life Membership S\$300 (one-time payment)		
This authorization is for (pls tick acco	ordingly):	
This year's subscription only.	This and subsequent years'	subscription.
Signature of Cardholder		Date

(Signature must be the same as the specimen signature on the credit card)