To : Academy of Principals (Singapore)
51 Grange Road
Block 2 #01-04A Teachers Network
Singapore 249564
Tel : (65) 6838 7337
Fax : (65) 6838 7339
Email : admin@aps.sg

CREDIT CARD AUTHORISATION FORM

I, _____ (NRIC: _____) hereby authorise Academy of Principals (Singapore) to charge to my credit card:

				-					-					-				

Name on credit card: _____

Expiry Date (*mm/yy*):

Type of Credit Card (*pls tick ✓*):

	VISA		MASTER

Card Verification Code* (CVV):

CVV is an authorisation procedure established by credit card companies to reduce fraud for "card not present" transactions.

**This 3-digits code can be found at (or near) the signature panel at the back of your credit card. If there are many numbers printed, the last grouping of 3 digits shall be this verification code.*

Amount S$: _____

Being payment for *(pls tick ✓ accordingly)*:

☐ Ordinary Membership S$50 ☐ Associate Membership S$30

☐ Life Membership S$300 (one-time payment)

This authorisation is for (*pls tick ✓ accordingly*):

☐ This year's subscription only. ☐ This and subsequent years' renewal.

Remarks (if any): _____

_____

Please fax or mail the duly completed and signed form to us for processing. Thank you.

_____ _____

Signature of Cardholder Date

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