



MEMBERSHIP APPLICATION
National I-73/74 Corridor Association
P.O. Box 2115, Myrtle Beach, SC 29578
(843) 916-7214~ Fax (843) 916-7301
www.I73.com

First and Last Name:

Street Address: **City:** **State:** **Zip:**

Mailing Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Toll Free:**

Business Name (if applicable):

Preferred method of communication: E-mail Fax Mail

Type of Membership:

Personal Membership- \$100/ year

Business Membership- \$500/ year

Method of Payment

By Check:

Make Checks Payable to: **National I-73/74 Corridor Association**

By Credit Card:

If you would like to charge to your Visa, MasterCard, American Express or Discover Card, please complete the information below and return it with the completed application and a copy of your invoice. If you prefer, you may also fax this form to (843) 916-7301.

Charge to: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: **V-Code*:**

Name on Credit Card:

Company Id #: **Card Expiration Date:**

Company Name:

Phone Number:

Invoice #:

Signature: **Total Amount: \$**

Date: