



National I-73/I-74/I-75 Corridor Association
P.O. Box 8082, Myrtle Beach, SC 29578
(843) 916-7230 ~ Fax (843) 448-3007
www.I73.com

MEMBERSHIP APPLICATION

First and Last Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Toll Free: _____

Email: _____

Business Name (if applicable): _____

Preferred method of communication (circle one): E-mail Fax Mail

Type of Membership (circle one): **Personal Membership- \$100/ year** / **Business Membership- \$500/ year**

Method of Payment

By Check: Make Checks Payable to: **National I-73/74/75 Corridor Association**

By Credit Card: If you would like to charge to your Visa, MasterCard or American Express, 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) 448-3007**.

Charge to (circle one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ V-Code: _____

Name on Credit Card: _____

Company Id #: _____ Card Expiration Date: _____

Company Name: _____

Phone Number: _____

Invoice #: _____

Date: _____

Signature: _____ Total Amount: \$ _____