

NAPMA Member Information Update form:

2578 Enterprise Rd. Suite #344, Orange City, FL 32725, U.S.A

Fax to: 1-727-540-0806

(001-727-540-0806 outside of North America)

* Name: _____

Date of Birth: _____/_____/_____

School Name: _____

(Please note - must be PHYSICAL address - no P.O. Boxes)

* Address: _____

* City: _____

* State/Province: _____

* Zip/Mail Code: _____

* Country: _____

* Email: _____

2nd Email: _____

School Website: _____

* School Phone: _____

Best time to Reach _____ Time Zone: _____

* Mobile
Phone: _____

Home
Phone: _____

* **Equals Required Information.**

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***Primary Payment Method**

Type: () Visa () Mastercard () AMEX () Discover

Credit card number_____

CVC Code:_____ Exp. Date _____

Print Cardholder's Name_____

***Back-Up Payment Method (in case first method declines or expires)**

Type: () Visa () Mastercard () AMEX () Discover

Credit card number_____

CVC Code:_____ Exp. Date _____

Print Cardholder's Name_____

Membership Upgrade:

- () Maximum Impact
- () Inner Circle (with approval)
- () Peak Performers (with approval)
- () Not Applicable.

X_____

I give permission for the above payment methods to be used for billing for appropriate level of membership and for any additional products purchased by me through Martial Arts Marketing, Inc. (dba NAPMA.) Permission is granted to bill monthly until I request in writing to the above physical address to be cancelled or have membership level adjusted up or down. Cancellation requires 90 day written notice.

Fax to: 1-727-540-0806 (001-727-540-0806 outside of N. America)
Confirmation of receipt will be given by fax or email.