



**BLACK BELT TREASURES GUILD
2008**

Name (as it should appear on your membership card)

Address

City

State

Zip

E-mail address

Home Phone #

Office Phone#

Cell Phone#

PLEASE INDICATE YOUR PARTICIPATION LEVEL:

- | | | |
|--------------------------|------------|------------------|
| <input type="checkbox"/> | BENEFACTOR | \$1000 AND ABOVE |
| <input type="checkbox"/> | SPONSOR | \$500-\$999 |
| <input type="checkbox"/> | PATRON | \$250-\$499 |
| <input type="checkbox"/> | ASSOCIATE | \$100-\$299 |
| <input type="checkbox"/> | FRIEND | \$25-\$99 |

I wish to contribute \$_____.

METHOD OF PAYMENT:

___ CHECK (payable to Black Belt Treasures) ___ VISA ___ MASTER CARD

Credit Card Account Number _____

Expiration Date _____ Billing Zip Code _____

Name as it appears on your credit card _____

SIGNATURE _____