



Membership Renewal Form

Member Information			Please Print Clearly
Member Name:			
Company Name:			
Mailing Address:			
City:	State:	Zip Code:	
Phone:			

Payment Information	
Description:	Luxury Home Council - Annual Membership Fee
Amount:	\$99.00 (U.S. Dollars)
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Money Order <u>DO NOT SEND CASH</u>	

Credit Card Information		Please Print Clearly
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		<i>Secure Credit Card Processing by Authorize.net</i>
Card Number:	Card Holder's Name:	
Card Expire Date:		
Billing Address on Card:		

The Luxury Home Council is authorized to charge my credit card the annual membership fee of \$99.00 (U.S. Dollars) as outlined above.

Authorized Signature _____
Date

When completed, **Mail** this form to:

**Renewal Department
Luxury Home Council
1224 NE Walnut # 324
Roseburg, OR 97470**

Or, **Fax** your completed form to: **(541) 378-6100**

Or, **Send** your scanned form to: **renewals@luxuryhomecouncil.com**