

# Memberships

## Credit Card Authorization Form

Card Type:  VISA  Mastercard

Credit Card Number:

Expiry:

CVV #:

Last 3 or 4 numbers on back of card

Name on Card:

Address:

City:

Postal Code:

Email:

Phone No.:

Signature:

Date:

**Forward this form to:**

**ORHA c/o Janna Imrie 9077 Wellington Rd 22 RR1 Hillsburgh, Ontario**

[memberships@orha.on.ca](mailto:memberships@orha.on.ca)