



CREDIT CARD PAYMENT FORM

TAMI AWARDS 2010

The Texas Association of Municipal Information Officers is committed to protecting your credit card information. Please complete this form, sign it, and attach this original to one of your entries.

Organization Name _____

TAMIO Member's Name (if Applicable) _____

Main Contact for Award Entry _____

Card Type: MasterCard American Express Discover

Name on Card _____

Card Number _____

Card Security Code _____

Expiration Date _____

Please check one:

_____ I am currently a member of TAMIO and qualify for the rate of \$55 per entry.

_____ I am not a member of TAMIO and qualify for a rate of \$75 per entry.

_____ I would like to join TAMIO for \$65 and receive one complimentary entry for the 2010 TAMI Awards.

Total number of entries: _____

Total amount to be charged to credit card: \$ _____

Signature

Date