

San Marco 2020 BOM Membership Form

#	PK UP	SHP
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NAME: _____ DATE: _____

SHIPPING ADDRESS: _____

EMAIL ADDRESS: _____

CONFIRMED

PHONE: _____

CREDIT CARD INFORMATION

CC#: _____

EXP. DATE _____ SECURITY CODE: _____ BILLING ZIP CODE: _____

By agreeing to this membership in the San Marco BLOCK-OF-THE-MONTH Program, I accepted that the card listed above will be billed today by A Different Box of Crayons for a non-refundable membership fee of \$20.00 **AND** the last month's program charge. Once a month, beginning in January 2020 and ending in November 2020 this card will be charged \$48.00 + shipping. The last month's charge, December, will be only for shipping and authorized add on sales, as it was prepaid at the time of signup. I accept that this membership is for 12 months, the duration of the program, and accept that any failure to follow the program through its' duration may result in penalty charges. Any additional charges, such as add on sales must be authorized by me prior to their billing or shipment.

Signature: _____

OFFICE USE ONLY											
<input type="checkbox"/>	EMAIL GROUP ADD										
<input type="checkbox"/>	FACEBOOK INVITE										
	P	S	+		P	S	+		P	S	+
JANUARY				MAY				SEPTEMBER			
FEBRUARY				JUNE				OCTOBER			
MARCH				JULY				NOVEMBER			
APRIL				AUGUST				DECEMBER	X		