

Name: _____

Address: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Local Church: _____

I want to join the Choice Book Club.

Method of payment

VISA Mastercard Discovery Card

Card Number: _____/_____/_____

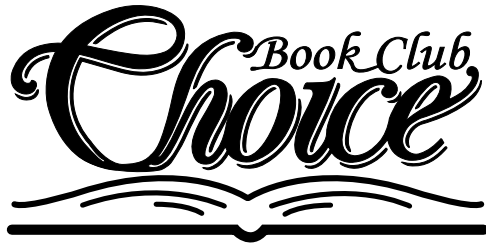
Expiry Date: __/__/__ Card Security Code: ____ (last three digits on back of card)

Name on Card: _____

Signature: _____ Date: _____

I understand I will receive 4 books a month and be charged for only 3 at the retail price, minus a 15% discount. The amount of my invoice will be charged to my credit card. This membership will continue until notice of cancelation is received in writing.

Signed: _____ Date: _____



Please note, orders will automatically be put on your credit card, and once a given month's books are shipped, they are not returnable.



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