



In the event you would like to take advantage of the reciprocity with The Fort Lauderdale Country Club, please fill out the following form and forward. Summer members are excluded from this opportunity. Please contact Membership to transfer to full membership to take advantage of this great chance to enjoy privileges of both clubs.

Coral Ridge Yacht Club Members
Credit Card Billing Payment Authorization

RETURN FORM any method:

Fax 954.566.7788 /email mflanagan@coralridgeyachtclub.com Regular mail CRYC 2800 Yacht Club Boulevard, Fort Lauderdale, FL 33304 Attention: Maureen Flanagan

Member # at CRYC _____
FLCC Number to be Issued _____
Member Name _____
Address _____

Telephone Number: Cell _____
Work _____
Home _____

Email address _____

I authorize the Credit Card Company named below to pay my bill by charging the payment to the credit card specified by me. I agree that each payment shall be the same as if it were a charge personally signed by me. This authority is to remain in effect until revoked by me in writing. There will be a \$25.00 service charge for this service.

Credit Card Information:
Type of Card _____
Credit Card Number _____
Expiration Date _____
Billing Address of Credit Card _____
If American Express _____
4 digit Pin code on back of card _____

Signature _____

Date _____