



Silver Membership
Affiliate Application

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Home Address: _____

Alt. Contact Number: _____

Email: _____

Website: _____

Birthday (MM/DD): _____

Method of Payment:

_____ A Check for \$145.00 is Enclosed

_____ Charge \$145.00 to: _____ Visa _____ Mastercard

Credit Card#: _____

Expiration: _____

Signature: _____

Please make checks payable to Metro East WCR

Fax Credit Card Payments to Cher Voyles at (770) 388-0426

Mail Payments to: Cher Voyles at 1887 GA Hwy 20, Conyers, GA 30013