



Fellowship Application Payment Form

Fellowship provides a means to recognize excellence, innovation and significant contributions to the medical fitness industry and leadership in the Medical Fitness Association.

Please use this form if you would like to pay by check or credit card. Do not email this form with credit card information – please fax it to MFA at 910-420-8733 or call 910-420-8610 to pay by credit card.

PAYMENT ENCLOSED: \$50.00 (Note: Purchase orders are not accepted.)

Name on credit card: _____

Facility/Company: _____

Email Address: _____

Billing Address: _____

City/State/Zip: _____ **Phone:** _____ **Fax:** _____

All Major Credit Cards Accepted:

Card Number: _____

CVV Code: _____ **Expiration Date** _____

Signature _____

Once your application and payment are received, you will receive a receipt and confirmation within 2 business days.

****Please note: Application fees are non-refundable****

MFA Tax ID # 36-4259889