



Nova Elm Academy (NEA)

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Email: admin@NovaElmAcademy.org

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MEMBERSHIP FORM

Member Information

First Name:		Last Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:		Email:	

Please complete all fields. You may cancel this membership at any time by contacting us. This membership remains in effect until cancelled.

Membership Contribution

CHECK ONE: <input type="checkbox"/> Cash <input type="checkbox"/> Check (make payable to NEA) <input type="checkbox"/> Credit Card
AMOUNT: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> \$400 <input type="checkbox"/> \$_____ (Other Amount)
<input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> \$5,750 Sponsor a Full Time Hifz Student for One Year <input type="checkbox"/> \$1,250 Sponsor an Evening Hifz Student for One Year

Credit Card Information

Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVV: _____

I, _____, authorize NEA to charge my credit card above for the agreed upon fees. I understand that my information will be saved to a file for future transactions on my account.

Signature

Date