



Arizona Region of USA Volleyball
 9100 S. McKemy Street
 Tempe, AZ 85284-2916



Online Registration Payment Form

Thank you for registering with the Arizona Region of USA Volleyball. If you have not done so already you must register in the online registration system WebPoint. Once the online registration is completed you must submit this form with payment and any additional forms required for your membership type to complete your registration to the Arizona Region office at the address above. Once your payment has been received and processed you may go back into WebPoint and print off your membership card. If you paid for your membership online you do not need to send in this form - just the additional forms needed to complete your registration.

Payment is being made for the following individual(s) registering as (check all that apply):

- Name _____ Player Coach Official Other _____
- Name _____ Player Coach Official Other _____
- Name _____ Player Coach Official Other _____
- Name and Phone # in the event we have questions _____

Other Forms being submitted: Jr. Club Director Agreement

- Birth Certificate Officials Independent Contractor Agreement Officials Code of Conduct
- Official's W-9 Officials Direct Deposit Chaperone Responsibility Form

Payment is being made for (Check all that apply - indicate number if for more than one):

- Adult and Boys Full Membership \$50 Girls Membership \$25 (\$25 more will be paid when join a club)
- One Day Membership \$7 Date _____ Multi Day Membership \$20 Start Date _____
- Junior Training Only Membership \$25 Approved by which Club _____
- Collegiate Membership \$15 (players only) Outdoor Only Membership \$25 Senior 55+ \$25
- Summer Membership \$15 (May 1 - Aug 31) Background Screen \$20 Chaperone \$25
- HP Donation \$5

\$_____ Total Amount Due for all memberships and background screens indicated above

Method of Payment: Checks and Money Orders should be payable to Arizona Region

- Check # _____ Money Order Cash Credit Card - complete authorization below

I authorize the Arizona Region of USA Volleyball to charge my credit card the total amount due for the membership and background screens described above.

Credit Card Type (Circle One): Visa MasterCard American Express Discover

Credit Card # _____ Expiration Date _____

Name on the Card _____ Security Code _____

Billing Address _____ City _____ Zip _____

Signature of Cardholder _____ Phone # _____