Class/Program Registration

Please Print

Name on Card:

Card Billing Address (if different from above):

Cardholder Phone Number (if different from above):

Today's Date:								
· · ·			B	District to the second				
Salutation: ☐ Ms. ☐ Mrs. ☐ Mr.			☐ Male ☐ Female		Birthdate://			
First Name:			Last Name:					
Home Address:								
City: State					Zip:			
Home Phone Number: () Cell Phone Number: ()								
Email:		·						
Program Registration			T				-	
Class/Program	Day		Time		Dates		Fee	
						\$		
						\$		
						\$		
						\$		
						\$		
Total:						al: \$		
Payment is due at the time of registration class/program to receive member fee. NC depending on registration. If a class is car permission to use photography/videos fo	refunds will be made ncelled, a refund or cre	after th	e first class of the	session. Cla	asses are subje	ect to can	cellation	
□ Cash □ Check Check #:	Make	e checks	payable to: Edv	ward A. M	yerberg Cent	er		
Card Number:			Exp. Date: 3-Digit Se		3-Digit Secu	curity Code:		

To register by phone, our *Membership Coordinator* will be happy to assist you at (410) 358-6856.

3101 Fallstaff Road | Baltimore, Maryland 21209 | (410) 358-6856 | fax (410) 358-1816 info@myerberg.org | www.myerberg.org