



1250 W. Southlake Blvd. • Southlake, TX 76092
 Phone: (800) 423-3226 Fax: (817) 381-3355



CATTLE RAISERS
 INSURANCE™

Hardworking Insurance for Hardworking Families™

MASA PLATINUM MEMBERSHIP FOR MEMBERS OF TSCRA

NAME (Last, First, Middle): _____ DOB: ____ / ____ / ____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / ____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

PLATINUM MEMBERSHIP OPTIONS	
Charter Lifetime Platinum Membership (50 years old or older)	
Single:	_____ \$2,900
Family:	_____ \$3,900
5 Year Platinum Membership	
Single:	_____ \$1,305
Family:	_____ \$1,755
Annual Platinum Membership	
Single:	_____ \$290 Annual or _____ \$24.50 Monthly
Family:	_____ \$390 Annual or _____ \$32.50 Monthly

PAYMENT OPTIONS AND AUTHORIZATION
SELECT PAYMENT TYPE:
<input type="checkbox"/> Check <input type="checkbox"/> Money Order (Please make payable to MASA) #: _____

<input type="checkbox"/> Credit Card: Visa / Master Card / Discover / AMEX

Exp. Date: ____/____
For Monthly Option, enter desired date of monthly charge: _____
Signature: _____

For Bank Draft: <input type="checkbox"/> Checking (please include voided check)
Bank Name: _____ State: _____
Acct. #: _____ Routing #: _____
For Monthly Option, enter desired date of monthly draft: _____

Auto Renewal of Annual or Multi-year membership?
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____

I hereby authorize MASA to initiate a debit from my account indicated at above financial institution. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my financial institution. The credit card and bank draft authorizations remain in full force and effect until MASA has received written notice from me of its termination, in such time and manner as to afford MASA and Depository a reasonable opportunity to act on it.

INITIAL PAYMENT CALCULATION	
\$ _____	Membership Fee
+ \$ 0	Initiation Fee
<hr/>	
\$ _____	Total Initial Payment

▶ _____
Member's Signature

Name (Printed)

Date

MASA MTS Rep	Other
6311000	