

Membership Enrollment x

https://www.esoftplanner.com/v3/planner/swim_add2.php?id=693338&mid=1667

Payment Information - Step 2

First Name on Card:

Last Name on Card:

Billing Address:

Billing City:

Billing State:

Billing Zip Code:

Email Address:

One Time Charge: **\$603.92**
(Includes Convenience Fee)

Pay using Credit or Debit Card

Credit Card Type:

Credit Card Number:

Credit Card CVV2: (security code on back of credit card)

Expiration Date:

Send in Check

Please send payment, name and bond number to this address:

USAI
P.O. Box 10164
New Brunswick, NJ 08906

☐ I would like to send in a check for my payment.

Check must be postmarked by: May 25

[View Membership Agreement](#)

☒ * I agree to the Membership Agreement

7. Pay using your Visa or Mastercard.

Note: Please click the checkbox to acknowledge agreement with USAI Membership Agreement.

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