DAIL Mansa Membership

★ Personal Information

English Name /_____

Korean Name /_____

Cell Telephone/_____

Adress /_____
Street

_____
City State Zip

Email /_____

★ Support Amount(√)

☐ $10/ Month ☐ $20 / Month ☐ $30 / Month ☐ $_____ / Month

★ Support Method (√)

☐ Check / Money Order (pay to / Dail Community of USA)

☐ Auto Pay

Bank Name :_____

Routing No :_____

Account No : _____

Transfer Date ; ▫ 5th ▫ 25th (√)

☐ Debit/ Credit Card

Type/ ☐ VISA ☐ Master ☐ American Express ☐ Other

Card No/_____

CVV No/_____ (3~4 digit security number on the back of the card)

Exp. Date(mm/yy)/_____

Name on card/_____

Signature / _____ Date: / /

★ Please send this support application form to the Dail community of USA office.

pay to / Dail Community of USA

Address/ Dail community of USA

P.O.BOX 337, Suwanee, GA 30024-0337

(TEL / 770-813-0899, FAX/ 770-813-0133)

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