

## Baffor Member Of USA

★ **Personal Information**

English Name / \_\_\_\_\_  
Korean Name / \_\_\_\_\_  
Cell Telephone / \_\_\_\_\_  
Adress / \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Email / \_\_\_\_\_

★ **Support Amount(✓ )**

\$ \_\_\_\_\_ / 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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