

**SALPN Verification of  
Registration Request**

**VERIFICATION OF REGISTRATION  
PAYMENT FORM**

**PAYMENT INFORMATION (please print)**

Date:		Amount:	<b>\$50.00</b>
Payment Description:	<b>Verification of Registration Fee - \$50.00</b>		

**PERSONAL INFORMATION (please print)**

Name:					
Address:					
City:		Province:		Postal Code:	
Phone:		Cell:			
Email:					

**CREDIT CARD INFORMATION (please print)**

Cardholder Name:				
Credit Card #:				
Expiry Date:	Month:	Year:	Credit Card:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Signature:			Date:	