

Membership Printable Order Form

Name _____

Address _____

City, State, Zip Code: _____

Telephone (H) _____ E-Mail Address _____

Check the option you are ordering:

OPTION 1:

Charter Financial Membership _____ **\$14.95**

OPTION II:

Cash Flow Institute Membership _____ **\$24.95**

Pay As Many Months in Advance as You Would Like

Username: _____ **Password:** _____

Make Money Orders and Checks payable to: Charter Financial

Mail to:

**Charter Financial
2617C W. Holcombe Blvd, #544
Houston, TX 77025**