



**Au Pair in America credit card enrollment form for travel month insurance or fees**

**INSTRUCTIONS:** Please complete the form below and e-mail attachment to: [smule@aifs.com](mailto:smule@aifs.com). Call (203) 399-5184 or e-mail [smule@aifs.com](mailto:smule@aifs.com) with any enrollment questions. **All fields** on this form must be completed/verified before we can process your enrollment.

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**PARTICIPANT CONTACT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

APIA Membership # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**We accept money orders/checks made out to Au Pair in America which should be sent along with the enrollment form to:**

**Au Pair in America  
Attn.: Stefanie Mule  
1 High Ridge Park  
Stamford, CT 06905**

**We also accept credit cards. If paying by credit card, complete the information below:**

<b>Amount:</b> _____	<b>\$</b> _____
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**PAYMENT INFORMATION:**  Visa  Master Card  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I have read/understand the terms/conditions of the policy and authorize payment for the above enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All insurance materials are sent to the e-mail address provided above. Please contact Au Pair in America if you have any questions about this form or the policy.*