

# U.S. House of Representatives

## Members' Wellness Center

Dues & Fees received  
By  
The Architect of the Capitol



Please use this form to pay for membership dues and fees associated with the House Wellness Center:

*\*Required Field*

\*Is the payment for spouse as well?  Payment for Self  Payment for Self + Spouse

\* Member Name:     
\*First Name: M.I. \*Last Name:

Phone Number:  Ext:

Street Address:  Street Address 2:

\*City:  \* State:  \* Zip Code:

E-mail Address:

\* Amount Due

\* Lost Key Payment:

**\* TOTAL PAYMENT**

\* Select Payment Method:  ACH ( Checking Account )  Credit Card

Continue