



MEMBERSHIP APPLICATION

MEMBER NAME _____ Gender Male Female

First Name _____ Middle Initial _____

Last Name _____

Street Address _____) _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Office (____) _____ Cell (____) _____

Date of Birth _____ Social Security Number ____/____/____

E-mail Address _____

Preferred Method for Correspondence e-Mail Regular Mail Both

Insurance Carrier & Type (e.g., XYZ Ins/PPO) _____

MEMBERSHIP BILLING

You may pay for your membership with either a check for annual or semi-annual payments or a credit card for quarterly payments. Please enclose a check if paying by check.

Annual (\$2,000 check) Semi-Annual (\$1,000 check) Quarterly (\$500 check)

If paying by credit card a separate authorization form will be provided and must be returned to the office.

This agreement will be automatically renewed and the credit card you used to join this program will be charged per the billing cycle selected above.

MEMBER SIGNATURE _____ Date _____