

# MEMBERSHIP PLAN APPLICATION



## SUBSCRIBER INFORMATION

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

Address/City/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

Requested Start Date \_\_\_\_\_

How did you hear about our membership plan? \_\_\_\_\_

## MEMBERSHIP TYPE

Single  Couple (same household)  Family-Up to 4 (same household)\*

## PAYMENT SCHEDULE

Monthly  Quarterly (every 3 months)\*\*  Annual (Waive \$99 Setup fee)\*\*\*

## MEMBERSHIP FEES

	Individual	Couple	Family(4)*	1-Time Setup Fee
Annual Cost	\$1200	\$1800	\$2000	\$99

\*\$200 for each additional household member per year

\*\*5% Discount for quarterly payment option

\*\*\*10% Discount for annual payment option

## AUTO-RECURRING PAYMENT AUTHORIZATION FORM

Please complete the information below:

I authorize Direct Primary Care Clinics to charge/debit my account on the membership activation date a one-time only payment in the amount of \$\_\_\_\_\_ for the first month and setup fee of my membership plan and then monthly/quarterly recurring payments thereafter of \$\_\_\_\_\_ on the first day of each month/quarter for the entire duration of membership.

### Credit Card Info:

Name on Card \_\_\_\_\_

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Cardholder Zip Code \_\_\_\_\_

Please invoice me by email/mail.

# MEMBERSHIP PLAN APPLICATION



## MEMBER INFORMATION

### Member #1

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

Address/City/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #2

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

Address/City/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #3

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

Address/City/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #4

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

Address/City/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

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