

Membership Application



Membership Selection (If family membership is selected, complete the dependent information on page 2)

Membership Type <input type="checkbox"/> Single Membership <input type="checkbox"/> Family Membership	Membership Level (single/family <u>monthly</u> dues) <input type="checkbox"/> Standard (\$8.00)	<input type="checkbox"/> Premier One (\$24.95 / \$41.95) <input type="checkbox"/> Premier Two (\$34.95 / \$59.95)	<input type="checkbox"/> Premier Three (\$44.95 / \$79.95) <input type="checkbox"/> Premier Four (\$54.95 / \$99.95)
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Primary Member Information

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	E-mail Address	
Social Security Number	Date of Birth	Phone Number	
Mailing Address	City	State	ZIP
Name of Beneficiary	Relationship		

Payment Information

Payment Mode <input type="checkbox"/> Credit card <input type="checkbox"/> Automatic bank draft	Effective Date <small>(If applying with a CA-endorsed insurance plan, the effective date will coincide with the insurance plan's effective date)</small> <input type="checkbox"/> Coordinate with insurance OR <input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of _____ (month), 2011		
If Credit Card, Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Name on Credit Card	Card Number	Expiration Date
If Automatic Bank Draft, Name of Bank	City	State	ZIP
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name of Account Holder	Account Number	Bank Transit Number

Communicating for America, Inc. or its authorized administrator is hereby authorized to debit my bank account or credit card for payment of the association dues until this Authorization is terminated. I agree that the named institution shall be fully protected in honoring any such payments. The institution's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the institution shall not be liable whatsoever, even though such dishonor results in a forfeiture of membership. This Authorization will remain in effect until the bank or Communicating for America, Inc. is notified of termination by me in writing. A service fee of \$25 will be assessed for each dishonored payment.

Signature of credit card or bank account holder: X _____

I hereby apply for membership in Communicating for America, Inc. I understand the mission of the association and that my membership will remain in effect as long as I qualify under membership guidelines and pay my membership dues. Dues include costs of membership benefits and may include certain insurance coverages. This membership application is not an application for medical insurance or any guarantee thereof. I understand that benefits are offered at the sole discretion of CA and may vary by availability, vendor or state of residence. Should I elect at any time not to participate in one or more of CA's sponsored benefit programs, I authorize CA to continue my membership dues and other association benefit fees at the payment mode selected by me at the time of application.

I wish to be a member of CA and I agree to the terms and conditions listed above.

Primary member signature: X _____ Date: _____

Agent Information:

Name CHRISTOPHER W. MARR Agent Number 3511201
Phone (970) 622-9982 E-mail address CHRIS@COLORADOINSURANCESTORE.COM

Premier level memberships are not available in all states. For additional information about the benefits and programs offered through Communicating for America, Inc., call 800.432.3276 or visit www.CommunicatingforAmerica.org.

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If family membership has been selected, complete the dependent information below.

Dependent Information

Name (last, first, MI)	Sex	Relationship	Date of birth
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/> Other	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/> Other	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/> Other	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/> Other	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted <input type="checkbox"/> Other	