

# Deluxe Membership Application

# Deluxe

ENROLLER # \_\_\_\_\_

**Household Members Member Information**

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

Date of Birth of Applicant \_\_\_\_\_ Male/Female   Residence or Work Telephone# \_\_\_\_\_ Cell Telephone# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST  
ADDITIONAL  
HOUSEHOLD  
MEMBERS ON A  
SEPARATE SHEET  
OF PAPER.

**E-MAIL ADDRESS**

By submitting your enclosed debit or credit card information you are authorizing an ongoing monthly draft. If you are not satisfied within 30 days of your activation date, you may cancel and receive a refund of the membership fee paid. The one-time registration fee is Non-refundable. Please allow 30 days processing time for refunds. Cancellations received after the 30 day deadline will not be eligible for a refund. Cancellation notifications may be sent by mail, fax or email to [cancel@ameriplanus.com](mailto:cancel@ameriplanus.com)

**I WANT TO PAY MY MONTHLY MEMBERSHIP FEE BY:**

**CREDIT/DEBIT CARD:**  Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**X** \_\_\_\_\_

SIGNATURE FOR CREDIT CARD OR DEBIT CARD

**AmeriPlan Deluxe**

Monthly Household Fee: \$ 39.95

**One-Time Registration Fee** \$ 30.00  
**NON-REFUNDABLE**

**TOTAL AMOUNT DUE** **\$ 69.95**

If your application is processed between the 4th through the 18th of this month, your first draft will be on the 18th of next month, and each month thereafter. If your application is processed between the 19th of this month through the 3rd of next month, your first draft will be on the 3rd of the following month, and each month thereafter.

MONTHLY PAYMENTS MUST BE MADE BY ELECTRONIC DEBIT OR BY CREDIT CARD.

Deluxe (01/15)