



## Group Enrollment Form

PO Box 224767 Dallas, TX 75222-4767

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Associate **Todd Krieger**

Associate ID# **27250**

### Billing Information

Please indicate below your billing method below.

List Bill (available to groups of 2 or more)

Automatic monthly withdrawal from Company checking account

Account Holders Name \_\_\_\_\_

Bank Name \_\_\_\_\_ BankAddress \_\_\_\_\_

Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Automatic monthly charge to credit card

Credit Card Type:  Visa  Master Card  Discover  Amex

Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of card holder \_\_\_\_\_

# Membership Information

\_\_\_# of Premier Plus Memberships \$109.95

\_\_\_# of Premier Memberships \$89.95

\_\_\_# of Classic Memberships \$59.95

\_\_\_# of Signature Memberships \$34.95

Total Enrollment Fee Collected \$\_\_\_\_\_

Total Membership dues collected \$\_\_\_\_\_

Total Initial payment collected \$\_\_\_\_\_

**\*In order for the members to qualify for the Money Back Rewards Program we must have a Payroll Deduction Form completed by each individual member within the group.**