



AppleCare Advantage Membership Program

Complete this form and return it to your local AppleCare office

HEALTH & WELLNESS MADE SIMPLE

AppleCare Advantage is a monthly membership program so that you have access to a provider when you need one. It provides the same compassionate, quality care, and treatment you've come to expect with us, at an affordable price.

Fill out the form today to start saving!

MEMBERSHIP APPLICATION

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Date of Birth: _____

Current Health Insurance Provider: _____

ADDITIONAL MEMBERS

1. Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

4. Name: _____ Date of Birth: _____

5. Name: _____ Date of Birth: _____

This plan is NOT insurance. This program is designed to allow participating members to obtain the program benefits provided by AppleCare. It does not involve insurance or evidence of insurance coverage. In addition, AppleCare makes no representation or statement that purports to offer or provide discounts or access to discounts on purchase of health care services from providers other than AppleCare, except for the provision of discount cards.



AppleCare Advantage Membership Program

MEMBERSHIP FEES*

Check Box Below: Monthly or Annual (Select ONLY ONE)

Number of Members	Monthly (Billed Monthly)	or	Annually (Billed Once Per-Year)
1	<input type="checkbox"/> \$39		<input type="checkbox"/> \$399 (Save \$69)
2	<input type="checkbox"/> \$78		<input type="checkbox"/> \$798 (save \$138)
3	<input type="checkbox"/> \$117		<input type="checkbox"/> \$1,197 (Save \$207)
4 or More	<input type="checkbox"/> \$156		<input type="checkbox"/> \$1,500 (Save \$372)

*One-time enrollment fee of \$9.95 per member; this fee is capped at \$39.80.

** AppleCare Advantage Membership Program will automatically renew annually.

PAYMENT INFORMATION - Please enter only option A or B

Option A. Debit/ Credit Card (We will not accept pre-paid cards)

Type of Card Visa Master Card

Name on Card _____

Credit Card Number _____

Security Code (CVV) _____ Exp. Date _____

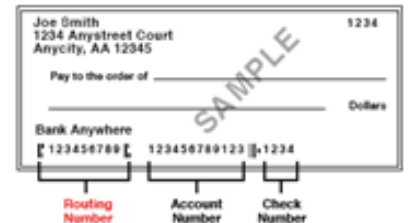
Option B. Bank Account

Name of Bank _____ Checking Savings

Name on Account _____

Routing Number _____

Account Number _____



I agree to the AppleCare Advantage Membership agreement (<http://applecaredoctors.com/advantage-plan/>), including a 60 day cancellation window, and subject to change at any time. Please initial that you have read and understand membership requirements: _____

By signing this form, I authorize AppleCare, LLC to charge my credit card, or bank account for the monthly membership in the AppleCare Advantage Membership Program, and have read the **“AppleCare Advantage Program Membership Agreement.”**

Signature _____

Date _____