FAX APPLICATION ONLY! **DO NOT MAIL!** **FAX APPLICATION ONLY!**

AmeriPlan® Discount Programs Membership Application

If you are a current member of AmeriPlan® Corporation, please

enter your Member ID # M _____ **Independent Business Owner #** 1 1 8 1 8 9 2 1 _____

Applicant First Name _____ MI _____ Last Name _____

Birth Date MO/DAY/YEAR _____ Male/Female _____ Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

E-MAIL ADDRESS: _____

LIST OF HOUSEHOLD MEMBERS

FIRST NAME	LAST NAME	DATE OF BIRTH
		– –
		– –
		– –

LIST ADDITIONAL HOUSEHOLD MEMBERS ON SEPARATE PAGE.

My membership is on an annual basis and all membership fees are non-refundable after 30 days.

I WANT TO PAY MY MONTHLY OR QUARTERLY MEMBERSHIP FEE BY:

BANK DRAFT: **Please Draft on the** ❑ 3rd **or** ❑ 18th **of the month.**

By submitting your enclosed check, you are authorizing the ongoing draft until AmeriPlan® is notified of cancellation in writing.

X _____

SIGNATURE FOR BANK DRAFT

CREDIT CARD: ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card Number _____ Expiration Date _____

X _____

SIGNATURE FOR CREDIT CARD

MONTHLY OR QUARTERLY PAYMENTS MUST BE MADE BY ELECTRONIC BANK DRAFT OR BY CREDIT CARD. INVOICING IS AVAILABLE FOR ANNUAL MEMBERSHIPS ONLY WITH FIRST YEAR PAID IN ADVANCE.

AmeriPlan® Corporation
5700 Democracy Drive
Plano, TX 75024
A Discount Medical Plan Organization
AmeriPlan Health® is NOT insurance.

AMERIPLAN™

Membership Fees

Choice # 1
Dental Plus
- ❑ Monthly Fee - $19.95
- ❑ Quarterly Fee - $59.85
- ❑ Annual Fee - $239.40

Choice # 2
Basic Health
- ❑ Monthly Fee - $29.95
- ❑ Quarterly Fee - $89.85
- ❑ Annual Fee - $359.40

Choice # 3
Total Health
- ❑ Monthly Fee - $39.95
- ❑ Quarterly Fee - $119.85
- ❑ Annual Fee - $479.40

Choice # 4
Total Health Plus
- ❑ Monthly Fee - $59.95
- ❑ Quarterly Fee - $179.85
- ❑ Annual Fee - $719.40

First Month Membership Fee ..... $ _____
Monthly Fee - $19.95 / $29.95 / $39.95 / $59.95

First Quarter Membership Fee ..... $ _____
Quarterly Fee - $59.85 / $89.85 / $119.85 / $179.85

Annual Membership Fee ..... $ _____
Annual Fee - $239.40 / $359.40 / $479.40 / $719.40

One-time Registration Fee ..... $ _____ NON REFUNDABLE
Dental Plus Registration Fee - $20.00
Basic Health Registration Fee - $30.00
Total Health Registration Fee - $30.00
Total Health Plus Registration Fee - $30.00

TOTAL AMOUNT DUE ..... $ _____

Enclose your check for payment and a voided check if paying monthly or quarterly by bank draft - 30-day written cancellation notice required.

OTHER MEMBERS OF THE HOUSEHOLD

FIRST NAME	LAST NAME	DATE OF BIRTH

REFERRALS

AmeriPlan® is helping thousands of families save money. If you wish us to offer this opportunity to other people that you know, please fill out this referral form and we will contact them.

	Name	Address	City	State	Zip Code	Telephone
1.						( )
2.						( )
3.						( )
4.						( )

AMP001F 06.07

FAX APPLICATION TO: 469-229-4589 or 469-229-4590