



MEMBERSHIP APPLICATION
MEDICAL-DENTAL-VISION-PRESCRIPTION-CHIROPRACTIC

For Office Use Only

If you already have AmeriPlan® benefits please enter

Member #: _____ **Independent Business Owners #:** **11818921**

Applicant First Name	Last Name	MI	Social Security #	Date of Birth
Street Address	Apt. #	City	State	Zip Code
How Long at Address: _____	<input type="radio"/> Own <input type="radio"/> Other	<input type="radio"/> Rent Explain Other: _____		Mo. Payment: \$ _____
Present Employer _____	How Long? <input type="radio"/> M <input type="radio"/> Y	Retired When _____	Family Mo. Income \$ _____ () _____	# of Depend. _____
Work Telephone _____	Mother's Maiden Name _____		Home Telephone _____	Drivers License # _____
E-Mail Address: _____		State _____		

LIST OF HOUSEHOLD MEMBERS

Last name	First	D.O.B.

**LIST
ADDITIONAL
HOUSEHOLD
MEMBERS ON
SEPARATE PAGE**

By signing the Drafting Authorization below, I hereby acknowledge that I have read and understand that AmeriPlan Health™ is NOT insurance. AmeriPlan Health™ is a discount fee-for-service plan and I must pay any charges at the time services are rendered.

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.

Signature for Bank Draft _____	Date _____
Credit Card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express	
Card # _____	Expiration Date _____
Signature of Credit Card Holder _____	Date _____

A One-time \$30.00 Registration Fee is required with each application.

First Month Membership Fee (Monthly Fee - \$49.95 Single / \$59.95 Family)	\$ _____
First Quarter Membership Fee (Quarterly Fee - \$149.85 Single / \$179.85 Family)	\$ _____
First Year Membership Fee (Annual Fee - \$599.40 Single / \$719.40 Family)	\$ _____
One-time Registration Fee (Non-refundable)	\$ 30.00
Total Amount Due	\$ _____

30-day written cancellation notice required

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.

APPLICANT(S) MUST SIGN CREDIT AUTHORIZATION

I (We) the undersigned certify the membership application information is complete and accurate to the best of my (our) knowledge. If this application is accepted and charge card(s) is (are) issued, the undersigned Applicant(s) by signing, using or permitting another to use the MasterCard charge card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the Cardholder Agreement accompanying the charge card(s) and all amendments. The Cardholder Agreement is governed by Illinois law. I (we) give the above information for the purpose of obtaining and maintaining credit. I (we) authorize said Bank to obtain information concerning any statements made herein, and authorize said Bank to check my (our) credit and employment history and to answer questions about credit experience with me (us). If I (we) ask, I (we) will be told whether or not consumer reports on me (us) were requested and the names of credit bureaus, with their addresses, that provided the reports. I (we) agree, jointly and separately, to pay the account(s) herein applied for in full. Amalgamated Bank of Chicago is responsible for the issuing of the secured and unsecured revolving credit lines only and is NOT responsible for any representation made by any other party, or any programs, products or performance of the same. Variable Annual Percentage Rate (APR) for AmeriPlan® Standard Card is Prime Plus 8.74%. Minimum APR 13.99% Rates (APR) are subject to change on the 15th day of each month. Your statement cycle rate is determined by the Prime Rate as published in the Wall Street Journal on the last day of the preceding month, plus 8.74%. The minimum APR for the AmeriPlan(r) Program Cards is 13.99% (Periodic Rate 1.166%).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if other information is required.

Applicant Signature _____	Date _____
Co-Applicant Signature _____	Date _____
Co-Applicant Social Security Number _____	