

# MEMBERSHIP PLAN APPLICATION



ALISON SNIDER, MD

## SUBSCRIBER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ SSN \_\_\_\_\_  
Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male     Female     Single     Married  
Requested Start Date \_\_\_\_\_

## MEMBERSHIP TYPE

Individual     Couple (same household)     Family - Up to 4 (same household)

## PAYMENT SCHEDULE

Monthly     Annual (10% discount)

## MEMBERSHIP FEES

	Individual	Couple	Family (3)*	Family (4)*	
Monthly Cost	\$79	\$140	\$175	\$199	
Annual Cost**	\$853	\$1,512	\$1,890	\$2,149	

\*\$39 for each additional child

\*\*10% Discount for annual payment option

## AUTO-RECURRING PAYMENT AUTHORIZATION FORM

### Please complete the information below:

I authorize Alison T. Snider, MD, PLLC to charge/debit my account on the membership activation date in the amount of \$ \_\_\_\_\_ for the first month and then monthly recurring payments thereafter of \$ \_\_\_\_\_ on the first day of each month for the entire duration of membership.

### Credit/Debit Card Info:

Name on Card \_\_\_\_\_  
Card Type \_\_\_\_\_ Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Cardholder Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# MEMBERSHIP PLAN APPLICATION (Cont.)



ALISON SNIDER, MD

## MEMBER INFORMATION

### Member #1

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #2

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #3

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

### Member #4

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ SSN \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married

Signature \_\_\_\_\_ Date \_\_\_\_\_