



STAPLETON ELDER LAW

Guiding You Through The Journey Of Your Senior Years

The Client and Family Care Plan

NEW MEMBER ENROLLMENT FORM

I/we, _____, has/have chosen to join CFCP for _____ year(s) beginning on ____ / ____ / ____ for \$495 per year. If prorated (for new clients only), the amount due is: \$_____.

A check is enclosed for \$495.00

Please charge my credit card for \$495.00 (see authorization below)

I give permission for my credit card to be charged one time for \$495.00

Please charge this and future renewal payments to my credit card. Should I wish to cancel in the future, I understand I must do so by 12/01.

Please sign below indicating you have seen and agree to the terms above:

STAPLETON ELDER LAW

DATE

CLIENT

DATE

CLIENT

DATE

Credit Card Authorization (please print)

Cardholder Name (as it appears on the card): _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover American Exp

Number: _____ Exp Date: _____ CID: _____

I authorize Stapleton Elder Law to charge \$495.00 to the credit card provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature of Cardholder: _____ Date: ____ / ____ / ____