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 payment has been made via LawPay on www.elderlaw-va.com

☐ 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: ___ /___ /___