

ALCOR LIFE EXTENSION FOUNDATION

7895 E. Acoma Dr. #110, Scottsdale, AZ 85260-6916
(480) 905-1906 or (877) 462-5267 (877-GO ALCOR) • Fax (480) 922-9027 • www.alcor.org

Alcor's Mission: The Preservation of Individual Lives



Associate Member Application Form and Billing Preferences

Name: _____

Mailing Address: _____

Email address: _____

Phone Number (optional): _____

PayPal: Sign up for automatic PayPal payments at alcor.org/BecomeMember/associate.html or complete this form for automatic credit card payments or payment by check.

Billing Frequency (please check one). All invoices will be emailed from bonnie@alcor.org.

Quarterly (\$15) Annually (\$60)

Magazines will be emailed in PDF format. If you would prefer to receive printed copies (not available internationally), please contact Marji Klima at marji@alcor.org or 480-905-1906 x 101.

If you would like automatic credit card payments, please complete below (otherwise Alcor will email you invoices at your selected frequency):

Card # _____

Expiration Date: _____ CVV (3 or 4 digit security code): _____

Name on Card: _____

Billing Address Zip / Postal Code (if different from mailing address): _____

I wish to have my credit card charged automatically, and authorize Alcor Life Extension Foundation to charge the above credit card. I understand that I will still be charged automatically if there is an increase in the dues amount. I will contact Alcor if I no longer wish to have my credit card charged automatically.

Signature: _____

Please fax this form to 480-922-9027 or mail to:

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