



Membership Application

THE SERVICES YOU HAVE BEEN WAITING FOR, AT AN AFFORDABLE PRICE.

COMPLETE THESE FOUR SIMPLE STEPS TO BEGIN EXPERIENCING A WHOLE NEW WORLD OF HEALTH AND WELLNESS AT YOUR FINGERTIPS!

1. PROVIDE YOUR PERSONAL INFORMATION - INDIVIDUAL OR FAMILY

•LAST NAME _____ / •FIRST NAME _____ / •MI _____

F O M O _____ / _____

•GENDER _____ •DATE OF BIRTH _____

•HOME ADDRESS _____ (STREET AND APT. # IF APPLICABLE)

•CITY _____ / •STATE _____ / •ZIP _____

•MAILING ADDRESS _____ (IF DIFFERENT FROM ABOVE)

•CITY _____ / •STATE _____ / •ZIP _____

•PHONE _____ / •CELL PHONE _____ / •EMAIL _____

LIST UP TO 3 ADDITIONAL MEMBERS (If SUBSCRIBING TO FAMILY PLAN):

•LAST NAME _____ •FIRST NAME _____ / F O M O / _____ / _____ /

•LAST NAME _____ •FIRST NAME _____ / F O M O / _____ / _____ /

•LAST NAME _____ •FIRST NAME _____ / F O M O / _____ / _____ /

2. CHOOSE YOUR PLAN

PLEASE INDICATE THE TYPE OF PLAN YOU WISH TO SUBSCRIBE TO. **MEMBERSHIP TERM IS ONE YEAR FROM THE DATE OF APPLICATION.**

INDIVIDUAL PLAN
ANNUAL PAYMENT \$108.00

FAMILY PLAN
ANNUAL PAYMENT \$216.00 (UP TO 4 PERSONS)

CREDIT CARD:

VISA MASTERCARD AMEX

3. CHOOSE YOUR PAYMENT METHOD

_____ / _____ / _____

•CREDIT CARD NUMBER _____ •EXPIRATION DATE _____ •SECURITY CODE _____

_____ / _____ / _____

•BILLING ADDRESS _____ •CITY _____ •STATE _____ •ZIP _____

CHECK ENCLOSED:

•SIGNATURE REQUIRED: _____

4. SIGN AND SUBMIT YOUR APPLICATION

(IN PERSON, OR BY FAX OR MAIL)

NAN PROVIDER PARTICIPATION AND THEIR OFFERINGS ARE SUBJECT TO CHANGE AT ANY TIME.

_____ / _____

•APPLICANT SIGNATURE _____ •DATE _____

_____ / _____

•REFERRED BY NAME _____ •REFERRED BY PHONE _____

_____ / _____

•NAN REPRESENTATIVE SIGNATURE _____ •NAN REPRESENTATIVE PRINTED NAME _____ •DATE _____

FAX BACK TO 616-855-4202 OR MAIL TO 484 SUNMEADOW DR, SE, GRAND RAPIDS, MI. 49508
NATURAL AWAKENINGS NETWORK IS NOT AN INSURANCE COMPANY.