



# APPLICATION FOR NEW INDIVIDUAL PREFERRED MEMBERSHIP

FOR OFFICE USE ONLY  
CODE#: A4M - New Member  
CODE#: A4MRNWL - Renewal

**SPECIAL! Membership** (Exclusive to Market America Distributors & Preferred Customers) = **\$89.95**

New Membership  Renewal Membership  Distributor ID # \_\_\_\_\_  Preferred Customer PCID# \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MI LAST

DEGREE(S):  MD  DO  DDS  ND  DPM  PhD  RPh  RN  NP  PA  Other \_\_\_\_\_

ACADEMIC AFFILIATIONS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I would like to subscribe to A4M's free e-newsletter:  Yes  No

**Preferred Membership Benefits:**

- Complimentary subscription to Anti-Aging Medical News and The Report of the Medical Committee on Aging Research and Education
- Complimentary book (*New Anti-Aging Secrets for Maximum Lifespan*)
- Discounts on all A4M books and journals
- Discounts for conference registrations
- Quarterly audio updates by Dr. Ronald Klatz & Dr. Robert Goldman on the latest anti-aging breakthroughs

I wish to be accepted as a member of the American Academy of Anti-Aging Medicine and agree to abide by its By Laws and Code of Ethics.

Signature: \_\_\_\_\_

Payment in the amount of US\$ \_\_\_\_\_ is enclosed [membership dues & contribution]

**(Make checks payable to Market America)**

Check enclosed.

I authorize the Market America to process payment to the following credit card:  VISA  MASTERCARD

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please return this completed form to **Market America, Inc.**

Mailing Address: P.O. Box 35364  
Greensboro, NC 27409

Fax Number: (336) 605-0041: if paying by credit card

**Memberships are Non-Refundable**