

SIX STARS MEMBERSHIP AGREEMENT

MEMBER INFO	Last Name: _____ First Name: _____ MI: _____
	Address: _____ _____ _____
	Home Phone: _____ Business Phone: _____
	Email Address: _____

MEMBERSHIP	Check the type of membership.
	<input type="checkbox"/> Gift Given by: _____
	<input type="checkbox"/> Corporate Name of Company: _____
	<input type="checkbox"/> Charity Name of Charity: _____
	<input type="checkbox"/> Individual Referred by: _____
	<input type="checkbox"/> Other

PAYMENT INFORMATION	Purchased items, errand hours/plans, hourly fee services will be billed to the members' credit card.*
	Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
	Name on Card: _____
	Card # _____ Exp. Date: _____
	Verification #: _____
	Statement Address: <input type="checkbox"/> To address above <input type="checkbox"/> To address below
	Address: _____ _____ _____

*Subject to terms of Individual Contracts

I understand that by applying for service, the Six Stars Club may obtain any and all credit information about me. I agree to release the Six Stars Club from and against any claims made as a result of the obtainment and use of said information. I acknowledge that the payment information I have provided above will be used to purchase the Services I request. Usage of the Club constitutes acknowledgement and acceptance of the Club's Terms & Conditions and Privacy Policy which are available at www.sixstarsclub.com.

Client Signature: _____ Date: _____