



Doctors Economic Research Association Affluent Doctors Membership Application

**I wish to become a member of the
Doctors Economic Research Association.**

Name: First Name _____ Initial _____ Last Name _____

Home Address: Street _____ City _____ State _____ Zip code _____

Office Address: Street _____ City _____ State _____ Zip code _____

Email Address: _____

Cell Phone: _____ **Office Phone:** _____

Send Membership information and other materials to (Circle Choice): Home Address Office Address

Membership Qualification Requirement: \$1,000,000, or more, of surplus savings exceeding lifestyle costs through life expectancy.

Affluent Doctors Membership: First Year: **\$1250** Renewal: **\$550 per year**

Make check payable to the third-party administrator for the Doctors Economic Research Association: **ASK Consulting, LLC.** Send to **Address: 1820 Avenida del Mundo #1603, Coronado CA 92118**

Circle **credit card.** Write **credit card numbers** in boxes. Add **expiration date, security code** and **billing zip code.**

Payment Method: VISA Master Card American Express Discover

Card #:

Expiration Date: _____ **Security Code:**

Billing Zip Code: _____

Authorized Signature: _____ **Date:** _____