Doctors Economic Research Association
Highly Productive 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: $30,000, or more, of surplus pre-tax earnings, and/or $250,000 of controlled equity assets.

Highly Productive Doctors Membership: First Year: **$975** Renewal: **$275 per year**
Membership includes the personalized Capital Accumulation or Capital Distribution Plan, the quarterly Economic newsletter, and access to other economic education materials.

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:**_____