



# Doctors Economic Research Association Millennial 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:** Commitment to save 10% of monthly paychecks.

**Millennial Doctors Membership:** (age 25-35) First Year: **\$175** Renewal: **\$85 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:** \_\_\_\_\_