



Doctors Economic Research Association Doctor-Savers 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: Age 55 - 74, with \$20,000, or more, of personal and qualified retirement plan/IRA funds allocated to risk of principal mutual funds, stocks and bonds.

Doctor-Savers Membership: 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:** _____