



Go to: [www.medicare-advantage-for-all.com](http://www.medicare-advantage-for-all.com)  
for more information

340 9th Street North, Suite 105 Naples, Florida 34103  
833.683.3719 Medicare-Advantage-for-All.com

## Membership Application

### SECTION 1. MEMBERSHIP CATEGORIES (SELECT ONE)

- Full Individual Membership (\$35.00/year):** Members will receive relevant and timely information from MAA.com, in addition to an annual subscription to The True American.
- Full Group Membership (\$100.00/year):** This category of membership allows members to receive relevant and timely information from MAA.com, in addition to an annual subscription to The True American.
- Sustaining Membership (max/year):** This category of membership allows members to receive relevant and timely information from MAA.com. You may also participate on committees/task forces.

### SECTION 2. MEMBERSHIP PROFILE (PRINT CLEARLY)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax Email

Register me as a Medicare-Advantage-For-All Advocate!

Sign up as a  
**Medicare Advantage Advocate** on  
[www.Medicare-Advantage-for-All.com](http://www.Medicare-Advantage-for-All.com)

### SECTION 3: PAYMENT INFORMATION (Payment **MUST** be received with application)

#### Select Individual Membership Level:

- Individual (Dues: \$35.00/year)
- Full Group (Dues: \$100.00/year)
- Sustaining Member (max/year)
- Check is enclosed payable to Medicare-Advantage-For-All.com (MAA.com)
- I authorize MAA.com to charge my credit card

**TOTAL PAYMENT ENCLOSED: \$** \_\_\_\_\_

Select One:  Master Card  Visa  American Express

\_\_\_\_\_  
**Name as it appears on card**

\_\_\_\_\_  
**CVC number**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Credit Card Billing Address**

\_\_\_\_\_  
**Card Holder's Signature**

\_\_\_\_\_  
**Date**