



Go to: www.medicare-advantage-for-all.com
for more information

833.683.3719 Medicare-Advantage-for-All.com

340 9th Street North, Suite 105 Naples, Florida 34102

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

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