

E-STATIC STIMULUS SYSTEM

STIMULUS PROGRAM

MEMBERSHIP APPLICATION

1. APPLICANT (Person Enrolling)

Full Name (including middle initial)				
First	Middle			Last
Home Address		City	State	Zip
Phone #				

Circle Which	Drivers License	State ID	Passport	# _____
Date of Birth _____				
Membership Level (Circle One) 1. (\$25) 2. (\$50) 3. (\$100) 4. (\$200) 5. (\$300) 6. (\$500) 7. (\$1000) 8. (VIP \$5000) * Your Membership Commission/Cash Back less Program Fee will be applied to your Plastic Prepaid Card*. Program Fee: (Level 1- 5- \$10) – (Level 6- \$15) – (Level 7- \$20) – (VIP - \$50)				

3. EMBOSSING

Embossed Y or N ?
Circle Which
If You Circle N Your Card Will Not Have Your Name On It.

4. Emergency Contact (If we are not able to reach you)

Name	Relationship			
Address	City	State	Zip	Phone #

I hereby apply for E-Static Stimulus System (Stimulus Program) and affirm sole responsibility for this membership. The above information collected is warranted to be true and complete. I hereby authorize you to verify my information for compliance with any rules governing this membership application. I understand that if my information does not validate, I will not be enrolled into the program and that my membership may be canceled for failure to validate this information. **MEMBERSHIP REWARDS:** I understand that my membership will reward me with CashBack, Discounts, Coupons and that I agree to pay E-Static Stimulus System a Program Fee for my membership. ***Mail or Fax to: E-Static Stimulus System – PO Box 49066 – Charlotte, NC 28277 704-482-0097***

Authorized Signature: _____ Date: _____

Printed Name: _____