



Date

MEMBERSHIP APPLICATION

First Name

MI

Last Name

Address

Address 2

City

State

Zip Code

Email Address

Telephone Number

Date of Birth

Alt. Phone Number

Yes, I want to join the Select Savers Club! I understand that I will be provided with information and resources on spending, saving, borrowing and managing money and debt wisely to help me achieve my financial goals*. I understand that I will receive a free quarterly newsletter and have access to a variety of financial planning tools. I further understand there is a one-time, non-refundable fee of \$5.00 to join the Select Savers Club. I give permission for the Select Savers Club to contact me by email.

Signature

Date

* The information and services provided by the Select Savers Club Inc. does not constitute financial, investment or tax advice. The Club is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. You are advised to discuss your specific requirements with an independent financial adviser prior to implementing any of the suggestions to ensure that it is appropriate to your specific needs and circumstances.

Lifetime Membership Fee: \$5

Make checks payable to "Select Savers Club Inc."

Select Savers Club Inc. | 2 Manhattanville Road, Suite 401 | Purchase, New York 10577

For Office Use Only:

Entry Date		Deposit Date		Check		Initials	
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