THE FREECAPITALIST PROJECT

Sales ID#: Sponsor ID#: L102796G

MEMBER INFORMATION

Last Name	First Name	Middle Initial	Home Phone	Cell Phone
DOE	JOHN	Q	(555) 555-5555	(555) 555-5555

Tax ID#/SS#	E-Mail Address	Fax Number
123-45-6789	johnqdoe@email.com	(555) 555-5555

Mailing Address

Street	City	State	Zip Code
123 Main Street	Anytown	AnyState	12345

Product/Service	Payee	Price
Basic Membership		Ø

METHOD OF PAYMENT

Credit Card A

☐ MC ☒ V ☐ Dis

Name as it appears on card:	Credit card #:	CVS Code:
John Q. Doe	1234 1234 1234 1234	123

Billing Address–Street:	City:	State:	Zip:	Exp. Date
123 Main Street	Anytown	A	12345	05/09

FREE CAPITALIST PROJECT MONTHLY MEMBERSHIP FEE

Auto Withdrawal from my checking account: ☐ Yes (Please attach voided blank check) or Use above Credit Card: ☒ Yes ☐ No

Name as it appears on account:	Account #:	Routing #:
NA	NA	NA

Basic Monthly Membership Dues:	Supplemental Monthly Membership Dues:
29.97	NA

TUITION PAYMENT

I hereby submit my application and request for training and membership to FreeCapitalist Enterprises, LLC in accordance with the terms and conditions set forth on the reverse side of this Agreement and the FreeCapitalist Enterprises, LLC Policies and Procedures which are incorporated herein by reference.

SIGNATURE: John Q Doe DATE: 5/14/08

New Member ID#: L214542176

Comments: ALL MEMBERSHIP DUES BILLED ON 1st Calander Day of ea. mo.