

# ALCOR LIFE EXTENSION FOUNDATION

7895 E. Acoma Dr. #110, Scottsdale, AZ 85260-6916  
(480) 905-1906 or (877) 462-5267 (877-GO ALCOR) • Fax (480) 922-9027 • [www.alcor.org](http://www.alcor.org)

*Alcor's Mission: The Preservation of Individual Lives*



## Membership Contact Form and Billing Preferences

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: (if different): \_\_\_\_\_  
\_\_\_\_\_

Best Phone #: \_\_\_\_\_

Other Phone #s: \_\_\_\_\_

Email address: \_\_\_\_\_

**Billing Frequency** (please check one). All invoices will be emailed from [bonnie@alcor.org](mailto:bonnie@alcor.org). Please add this email to your safe sender list, or otherwise make sure the invoices don't go to your spam folder.

Quarterly       Semi-Annually       Annually

**If you would like automatic credit card payments, please complete below:**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (3 or 4 digit security code): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address Zip / Postal Code (if different from mailing address): \_\_\_\_\_

*I wish to have my credit card charged automatically, and authorize Alcor Life Extension Foundation to charge the above credit card. I understand that I will still be charged automatically if there is an increase in the dues amount. I will contact Alcor if I no longer wish to have my credit card charged automatically.*

Signature: \_\_\_\_\_

**Please fax this form to 480-922-9027 or mail to:**

**Alcor Life Extension Foundation  
Attn: Finance Director  
7895 E Acoma Dr, # 110  
Scottsdale, AZ 85260**