

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

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. 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 # _____ Exp. Date: _____

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**