



American Association for Long-Term Care Insurance

Membership Application - Print & Complete This Form

I am applying for **NEW MEMBERSHIP**

I am **RENEWING MY MEMBERSHIP**

Name (Please PRINT Clearly) _____ Name appears on Web & Member certificate

Title _____

Professional Designations (Check those that apply)

LTCP CLTC LTCGS CSA CLU ChFC Other _____

Company/Agency Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Fax** _____

E-mail Address _____ Required for access to Members Only Section

Privacy Notice: AALTCI does not share any member personal information with any other company or entity. E-mails are provided solely for communication with members.

AALTCI'S FIND AN AGENT WEBSITE LISTING

Available only to licensed agents and brokers

By providing the information below, I give permission for the American Association for Long-Term Care Insurance to include my name, address and phone number on the AALTCI Find An Agent Directory. If provided below, we will list your E-mail address and Website. Further, I agree to uphold AALTCI's code of ethical standards. Note: The initial Website listing is free with individual paid membership. Subsequent changes requested cost \$10.

List My E-Mail Address _____

List My Website Address www. _____

PAYMENT

I wish to join / renew for (Check ONE) 1 year (\$49-) 2 years (\$79-) 3 years (\$99-)

Pay By Credit Card (make check payable to AALTCI and mail to address below)

Pay By Credit Card (MC, Visa, Amex) I authorize AALTCI to charge the membership fee to my credit card

Card Number _____ **Exp Date** _____ **3 Dig. Code** _____

Name on Card _____ **Signature** _____

Credit Card Billing Address _____

MAIL TO: AALTCI, 3835 E Thousand Oaks Blvd., Ste 336, Westlake Village, CA 91362
or FOR FASTEST SERVICE FAX TO: (818) 597-3206

You will receive a confirmation via mail. If paying by credit card, your credit card receipt will be enclosed.