

510 South Mathilda Ave, Apt #8 Sunnyvale, CA 94086

OFFICE: (408) 530-9001

Mailing Address: P.O. Box 1509 Cupertino, CA 95015

<u>cryonics@americancryonics.org</u> www.americancryonics.org

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ADDIVING FOR A COMEMDED CHIR

APPLYING FOR ACS MEMBERSHIP

The American Cryonics Society welcomes members of CI as dual members who will enjoy all benefits and privileges of both organizations. People who have not yet made a membership choice may choose to become members of the American Cryonics Society where full body suspension and storage at the Cryonics Institute facility is available under ACS guidelines and inspection.

Full Membership Dues:

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•	Standard Plan	\$378	\$300
•	Monthly Plan	\$35/month	\$30/month
•	Early Start Plan*	\$120	\$120(Until Age 36)
•	Student Suspension Plan	\$55/year (until one year	ar after leaving school)

First / Vears

Please note ACS has a Family Membership Plan available at a considerable discount. Where individuals apply for membership for someone who has just died or whose' death is imminent, ACS requires a membership plan entitled "LifePlus" where \$1000 is paid for the first year and \$300 per year thereafter

Jack Frost Plan: \$28

The Jack Frost Plan gives potential cryonicists six months membership for only \$28. At the end of the six months, the member graduates to whatever full membership plan he or she chooses. This gives the potential cryonicists half a year with full membership privileges to check us out and decide if cryonics is a good fit. Most cryonicists use this time to complete their membership forms to give us the right to perform cryonic suspension and to arrange funding.

To participate in the ACS Suspension Program, let us know which plan you choose and we will send you our suspension forms. Upon request, we will also send an informational packet that tells more about cryonics and the American Cryonics Society.

^{*}For individuals age 35 or younger who use a life insurance policy owned by the American Cryonics Society as funding.



American Cryonics Society

- APPLICATION FOR MEMBERSHIP -

1. Place a check mark beside your choice of members.	ership plan.	
Full Membership Dues*:	irst 4Years	Thereafter
Standard Plan	\$378	\$300
Monthly Plan	\$35/month	\$30/month
Early Start Plan	\$120	\$120
LifePlus Plan	\$1000	\$300
Student Suspension Plan \$55/ye	ear (until one y	ear after leaving school)
Check below if you qualify for the family disco	unt for the full	membership plan:
() Another member of my family/dome dues are half the above amount. Men		paid the full dues checked above therefore my
2. Name	_	
3. Home Address		Delivery Address (If different)
4. Telephone ()		Other(Cell/Pager)
E-Mail / Fax		e notified on our email of relevant discussions cial events ()
5. Optional Information: Birth Date Gender: Male	Socia Female	Security Number
I wish to apply for participation in the ACS Sus	pension Progra	m: YES NO
6. Signature	D	ate
(*) Current year	y dues are subj	ect to change
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http://www.americancryonics.org

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\$28 May Buy you 1,000 Years!!

∞ Terms of \$28 Trial Membership

Based on the information you have provided below we will mail you the legal documents needed to help insure that we can perform a cryonic suspension when required. To start the process you will need to become a member of the American Cryonics Society by paying dues. During the first 6 months a dues payment of only \$28 is required. This is to give you plenty of time to obtain insurance and to sign and to return our forms. After your 6 month trial membership period you will be billed \$378 per year for the first 4 years then \$300 per year thereafter. You may quit anytime you wish. During the 6 month trial membership period you will have conditional coverage for cryonics. In other words, should you die during this time you will be frozen as long as you have met needed provisions to give us the legal authorities and financial means to freeze you.

Visit our website www.americancryonics.org for additional information about funding your cryonic suspension.

∞ Ways to Pay Your Trial Membership

- 1. Memberships may be paid by check or money order:
 - Payable to: <u>American Cryonics Society, Inc.</u> in the amount of \$28
- 2. Memberships may be paid through PAYPAL:
 - E-mail your payment to: cryonics@americancryonics.org
 - Under e-mail subject line please put: "Trial Membership Payment"

Either ways please complete the application below and mail it to us at:

ACS, P.O. Box 1509, Cupertino, CA 95015.

. Residential Address	
City	State Zip
. Telephone	Other (Cell/Pager)
E-Mail / Fax	
I wish to be notified by email	of relevant discussions or local social events: YES / NO
. Birth Date	Social Security Number (optional)
Gender: Male	Female
. I have made the payment:	by check or by PAYPAL
☐ I have read and acc	cept the terms of trial membership. I understand that my to