

Subscription Enrollment Form

We look forward to welcoming you as a PMH Subscriber. Our Subscription fee is reduced for younger patients and couples. Select the fee appropriate for you. Then, please return this form and your payment by mail or in person to our office.

Please check the appropriate Subscription package:

Option	Description	Annual Fee	Total Fee
<input type="checkbox"/>	General PMH Subscription Package <i>This option is for individuals age 50 and above.</i>	\$350 per person	
	General PMH Subscription Package for Couples <i>This option is an adjusted rate for couples age 50 and above subscribing together.</i>	\$250 per person	
<input type="checkbox"/>	Young Patient Adjusted PMH Subscription Package <i>This option is for individuals age 18 - 49.</i>	\$250 per person	
	Young Patient Adjusted Subscription Package for Couples <i>This option is an adjusted rate for couples age 18 - 49 subscribing together.</i>	\$150 per person	
<i>Note: Your subscription renews annually.</i>		TOTAL:	

Please provide the following details:

Last name: _____ First name: _____ Age: _____

Phone: _____ E-mail address: _____

Mailing address: _____ Today's date: _____

Name of partner/spouse, if subscribing as a couple:

Last name: _____ First name: _____ Age: _____

Phone: _____ E-mail address: _____

Please check the appropriate payment box below:

My check is enclosed.

Charge to my credit card:

Card type: (circle one) **Mastercard** **Visa** **Discover**

Name as appears on card: _____ Card number: _____

Expiration date: _____ CVC code: _____

You will receive a Subscription welcome packet with additional information and membership materials within a few weeks.

Thank you,

Dr. Kelly and Staff