

MD.direct MEMBERSHIP INFORMATION AND FEE FORM

Single annual participation fee of \$1500.00 _____

Spouse, add \$1100.00 _____

of children 5-22 yo ___ @ \$300 each _____

Total: _____

Check enclosed

Please charge my VISA/Mastercard # _____

Signature _____ Expiration date _____

Adult Participant Name(s) _____

Address _____

Phone: _____

Child(ren) name(s) and age(s) _____



Up-to-the-minute medicine . . . traditional care.