



MEMBERSHIP APPLICATION

P.O. Box 566
Purchase, NY 10577-0566
(914) 641-3765 | select savers.org

MEMBER INFORMATION			
LAST NAME	FIRST NAME	DATE OF BIRTH	
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE	CITY	STATE	ZIP
EMAIL ADDRESS	MOBILE PHONE	HOME PHONE	

Yes, I want to join the Select Savers Club! I understand that I will be provided with information and resources on spending, saving, borrowing and managing money and debt wisely to help me achieve my financial goals.* I understand that I will receive a free quarterly newsletter and have access to a variety of financial planning tools. I further understand there is a one-time, non-refundable fee of \$5.00 to join the Select Savers Club. I give permission for the Select Savers Club to contact me by email.

Signature _____
Date

*The information and services provided by the Select Savers Club, Inc. (The Club) do not constitute financial, investment or tax advice. The Club is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. You are advised to discuss your specific requirements with an independent financial advisor prior to implementing any of the suggestions to ensure that they are appropriate to your specific needs and circumstances.

Lifetime Membership Fee: \$5.00
Make checks payable to: Select Savers Club

SELECT SAVERS CLUB USE ONLY			
ENTRY DATE	DEPOSIT DATE	CHECK	INITIALS