

# Member Application

16476 Wild Horse Creek Rd.  
2nd Floor  
Chesterfield, MO 63017



I hereby request enrollment as a member of Senior Savers Association and understand that the dues for standard membership are \$2.00 monthly. I also understand that my membership dues are non-refundable, and my failure to remit membership dues will result in loss of eligibility to participate in any of the Association sponsored programs or discounts.

## Contact Information -Please Print-

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

I agree to comply with the By-Laws of the Association during my membership enrollment and during the term of my membership in the Association.

Name (printed)	
Signature	
Date	

## Payment Information

Please send a check for Annual Payment of \$ 24.00 made to Senior Savers Association.

Enclose the form and your dues payment in an envelope, affix a stamp, and mail.

Yes, I want a Senior Savers Association plan membership

Senior Savers Association  
16476 Wild Horse Creek Rd.  
2<sup>nd</sup> Floor  
Chesterfield, MO 63017

Upon payment you will receive a membership kit or access to the membership portion of the website.

If you have further questions please call us at 800.992.8044 go to [seniorsaversassn.com](http://seniorsaversassn.com)

**THIS IS NOT INSURANCE**