



TATIC STIMULUS SYSTEM®

STIMULUS CARD PROGRAM

MEMBERSHIP APPLICATION

1. APPLICANT (Person Enrolling)

Full Name (including middle initial)

First _____ Middle _____ Last _____

Home Address: _____

City: _____ State: _____

Zip: _____ Phone #: _____

Circle Which: Drivers License State ID Passport # _____
Date of Birth _____

One Time Membership Fee (Level) 1. (\$25) 2. (\$50) 3. (\$100) 4. (\$200) 5. (\$300) 6. (\$500) 7. (\$1000) 8. (VIP \$5000)

(* One Time Membership Fee less Program Fee will be loaded on your E-Static Prepaid Card*.)

Program Fee: (Level 1- 5- \$10) - (Level 6- \$15) - (Level 7- \$20) - (VIP - \$50)

Reload Fee \$2.50

2. EMBOSSING

Embossed Y or N?

IF YOU CIRCLE N YOUR CARD WILL NOT HAVE YOUR NAME ON IT

3. Emergency Contact (If we are not able to reach you)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____ Phone# _____

I hereby apply for E-Static Stimulus System® (Stimulus Card Program) and affirm sole responsibility for this membership. The above information collected is warranted to be true and complete. I hereby authorize you to verify my information for compliance with any rules governing this membership application. I understand that if my information does not validate, I will not be enrolled into the program and that my membership may be canceled for failure to validate this information. **MEMBERSHIP REWARDS:** I understand that my membership will reward me with Cashback, Discounts and Coupons and that I agree to pay the above fees for my Membership. [Mail to: E-Static Stimulus System – 14311 Biscayne Blvd #611295 – Miami, FL 33265 - Scan and Email to: info@e-staticstimulussystem.com](mailto:info@e-staticstimulussystem.com)

Authorized Signature _____ Date _____

Printed Name _____

