



MEMBERSHIP APPLICATION

A.R.E. of New York Edgar Cayce Center

MAIL TO: 153 W. 27th St. Suite 702, New York, NY 10001

Membership Benefits Include: Discounts on most workshops and classes and on many health/wellness or intuitive services. • 10% discount on bookstore purchases • Library privileges • Free computerized astrology chart for new Members • Free computerized numerology chart when you enroll in a 2 or 3 year Membership! •

Yes, I want to be a member of the A.R.E. of NY Edgar Cayce Center. Please enroll me in a:

___ Basic 1 year Membership - Annual dues \$75

___ Basic 2 year Membership - 2 Years of benefits for \$135 (Save \$15!)

___ Basic 3 year Membership - 3 Years of benefits for \$195 (Save \$30!)

___ Co-Membership - Annual Dues \$125.00. For 2 people living in one household.

___ 2 year Co-Membership - 2 Years of benefits for \$235.00 (Save \$15!)

___ 3 year Co-Membership - 3 Years of benefits for \$345.00 (Save \$30!)

___ Senior or Disabled Membership – Annual Dues \$60 Available to Senior Citizens age 65 or above and to people with disabilities.

___ 2 year Senior Membership – 2 Years of benefits for \$105 (Save \$15!)

___ 3 year Senior Membership – 3 Years of benefits for \$150 (Save \$30!)

___ 1 year Student Membership – Annual Dues \$45 Available to full-time students up to age 26. Please send a copy of your Student ID with application.

___ I also want to make a donation to the A.R.E. of NY Center in this amount: \$_____.

___ Please charge this to my card. OR ___ I have added this donation to my check.

Total enclosed including donation: \$_____.

Please note: It may take 3 to 4 weeks to process your Membership. If you have an active e-mail address, your Membership packet will be sent to you by e-mail. Please keep an eye out for it!

Note: If you want to become a Member and cannot afford the dues, please contact the Center for a **Special Application & Request for Assistance.**

Note: We **must** have a **postal address or e-mail address—preferably both—** to send your Membership card & benefits package to you. **Please fill out address section below,** regardless of how you make your payment.
Thank you

Application Date: _____

Method of Payment: Deduct from reimbursement owed Anton.

Credit Card: VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___

Card Number: _____

Expiration Date: Month _____ Year _____ Security Code: _____

Signature (If paying by credit card): _____

Name (Print): _____ Phone: _____

Street Address: _____ City _____ State _____

Zip Code _____ E-mail: _____