

# AMACORE VISION

## Enrollment Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Gender: M  F

Marital Status:  Single  Married

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # \_\_\_\_\_  
Month Day Year

Please provide the name, date of birth, and gender of immediate family members living at home. Children over age 18 may not be included unless attending college full time. If you need more lines than provided below for family members, please write them on a separate piece of paper.

Spouse	_____	DOB	_____	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Other	_____	DOB	_____	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Child	_____	DOB	_____	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Child	_____	DOB	_____	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Child	_____	DOB	_____	M	<input type="checkbox"/>	F	<input type="checkbox"/>

**One Full Membership Year For Individual or Family: \$12.00**

Please send this application to the address below along with your check or money order payable to: **Maksin Management Corp**

*Maksin – Misc.  
PO Box 71322  
Philadelphia, PA 19176-1322*

**Enrollment Questions? Call: 1-800-375-6826**

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent Code: 3973