

**AMACORE VISION**  
Enrollment Form

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

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender:  M  F

Marital Status:  Single  Married

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_  
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  F

Other \_\_\_\_\_ DOB \_\_\_\_\_  M  F

Child \_\_\_\_\_ DOB \_\_\_\_\_  M  F

Child \_\_\_\_\_ DOB \_\_\_\_\_  M  F

Child \_\_\_\_\_ DOB \_\_\_\_\_  M  F

Child \_\_\_\_\_ DOB \_\_\_\_\_  M  F

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

Please send this enrollment form to the address below along with your check or money order payable to Maksin Management Corp

Maksin  
Two Aquarium Drive, Suite 200  
Camden, NJ 08103

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

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