

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 ____/____/____ 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 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