



ENROLLMENT FORM

YES! I want to accept this special invitation to receive PALMER ADVANTAGE benefits.

By accepting this invitation, and submitting this enrollment form, I understand that I am subject to the additional monthly dues of \$20.00, and the terms and conditions of PALMER ADVANTAGE, which are available online at <http://www.palmeradvantage.com/terms-conditions/>.

Primary Member Full Name (First & Last)*:
Spouse Full Name (First & Last):
Primary Phone*:
Primary's Email Address*:
Spouse's Email Address:

* Required