



American Association for Long-Term Care Insurance

Application For Membership And Access To the Online LTC Sales Center

Please Print Clearly -- Mail or Fax to Secure line (818) 597-3206

I am applying for NEW MEMBERSHIP

I am RENEWING MY MEMBERSHIP

Personal Information:

We will mail your LTC Sourcebook and other Association information here.

Name _____ Designations _____

Company / Agency _____

Mailing Address _____

City _____ ST _____ Zip Code _____

Telephone _____

E-Mail Address _____ PLEASE PRINT CLEARLY

E-mail addresses are used to send E-Marketing Bulletins from AALTCI. The Association does NOT sell, barter or exchange E-mail addresses.

Access To The Online Learning, Marketing & Sales Center

You will be notified by E-mail after your access is established.

E-Mail _____ Password _____

For Licensed Agents & Brokers Only

Check the box if you are a licensed insurance professional and wish to have your Name, Company Name, City, State, Phone, E-mail and Website (links) included in our "Find A Local LTC Professional" online look-up.

Website address: www. _____

Payment

I wish to join / renew for (check one) 1 year (\$98) 2 years (\$196) 3 years (\$294)

Pay by Check -- Make check payable to AALTCI and mail to address below

Pay by Credit Card (MC, Visa, Amex, Disc.) I authorize AALTCI to charge my credit card

Referral Code

Card Number _____ Exp Date _____

Signature _____ Verification Code _____

The 3 digit security code

Address where credit card statement (bill) is sent _____

MAIL TO: AALTCI 3835 E. Thousand Oaks Blvd., Ste 336, Westlake Village, CA 91362

or **FAX TO:** (818) 597-3206 (secure line)

You will receive a confirmation by U.S. (postal) mail. If paying by credit card your credit card receipt will be enclosed