



AIM PROGRAM RENEWAL FORM

My EMC² IDCode is _____ Please ask your Facilitator if you don't know your EMC² IDCode
(First time applicants, please use the 4-page AIM Program Application Form)

I HEREBY REQUEST ENERGETIC BALANCING FOR A ONE YEAR PERIOD AT THE FOLLOWING COST:
(Note that prices on this form are as of May 2006. All prices are subject to change.)

ADULT <input type="checkbox"/> US\$1000	MINOR CHILD (under 21) <input type="checkbox"/> US\$500	PET <input type="checkbox"/> US\$500	PROPERTY* <input type="checkbox"/> US\$300
SPOUSE <input type="checkbox"/> US\$800	FAMILY PLAN This form is not needed when renewing a Family Plan.		DISABILITY <input type="checkbox"/> US\$500
I am eligible for Spouse pricing because my spouse/partner is already receiving AIM or is applying now. His/her name is _____			I meet EMC²'s permanent-disability criteria and am including legal documentation along with this application.

* Please note that AIM for Property must be paid-in-full. Property receives 12 months for US\$300; there are no bonus months.

PAYMENT OPTIONS Please check/fill-in all applicable boxes under EITHER Option 1 OR Option 2 - Leave payment section blank for Family Plan

OPTION 1: RECEIVE BONUS TIME FOR PAYMENT IN FULL (Except Property which must be paid-in-full for 12 months of AIM)

I wish to pay in full for one year of AIM. Please give me 2 free bonus months for a total of 14 months.

Please charge US\$_____ for payment in full to the credit card I've given you below.

I am enclosing a check money order in the amount of US\$_____ made out to EMC² for payment in full.

OPTION 2: PAYMENT PLAN (Please note that Property must be paid in full)

(Except for the initial payment, all payments must be paid via credit/debit card. EMC² cannot accept checks for subsequent payments.)

I wish to make 10 monthly payments via credit/debit card for 12 months of AIM. My payments will be:

\$100 Adult \$80 Spouse \$50 Minor child \$50 Pet \$50 Disability (Property must be paid in full)

Please charge all payments to the credit card I've given you below.

Please charge all payments to the credit card I've given you below, except the initial payment for which I am enclosing a check money order in the amount of US\$_____ made out to EMC².

I agree that all purchases of Energetic Balancing are final and there are no refunds.

I agree that an executed photocopy or executed facsimile copy or digitally-archived or photographically-archived copy of this document shall have the same force and effect as an executed original document.

**SIGNATURE
REQUIRED**

Applicant's Name (please print) Applicant's (or parent/guardian/owner) Signature _____ Date _____

If signing as Parent/Guardian/Owner, please print your name here: _____

CREDIT/DEBIT CARD INFORMATION (If paying by credit or debit card) VISA OR MASTERCARD ONLY

Name as it appears on card: _____

Visa MC (check one) Number: _____ Expiration Date: _____

I hereby authorize EMC² to charge my credit debit card for services as indicated above.

Authorized Signature: _____ Today's Date: _____

Credit Card Billing Address (if different than home address) _____

City _____ State _____ Zip _____ COUNTRY _____

CHANGED CONTACT INFORMATION Please let us know if any of the following information has changed.

Address _____

City _____ State _____ Zip _____ COUNTRY _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Fax (____) _____

E-Mail _____

OFFICE USE ONLY

FACILITATOR
Facilitator ID Code _____