

FREE ENTERPRISE SOCIETY SERVICES

MEMBERSHIP APPLICATION FORM

(PLEASE PRINT CLEARLY)

CONTACT INFORMATION:

Your Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

It is hereby understood that by applying for membership in Free Enterprise Society Services that I am not seeking nor applying for legal advice. No representations or promises have been made to me as to the quality or quantity of assistance to be given to my situation or that I will have a greater amount of success in my endeavors when utilizing the programs provided by Free Enterprise Society Services. I further understand that said services is limited to writing, researching and the exchange of ideas between members and FESS staff. If I am in need of legal advice I will seek trained, qualified, and competent assistance of counsel. No representations have been made to me that Free Enterprise Society Services will provide an attorney for me.

PAYMENT INFO: \$150.00 First Year Membership Fee per person [or] One time payment of \$600.00 for Lifetime Membership. \$50.00 yearly renewal fee, due annually. Failure to renew after notification will terminate your membership immediately. **[BLANK POSTAL MONEY ORDERS OR CASH ONLY]**

Check One of the Following:

- 1st Year Membership \$150.00. [BLANK POSTAL MONEY ORDERS OR CASH ONLY]**
- Life Time Membership \$600.00. [BLANK POSTAL MONEY ORDERS OR CASH ONLY]**
- Membership Renewal \$50.00. [BLANK POSTAL MONEY ORDERS OR CASH ONLY]**

By signature below, I hereby apply for membership in Free Enterprise Society Services. I understand acceptance of this application entitles me to access to all of the benefits provided by the Society. I further understand that I am not seeking or receiving legal advice; and, that I am exercising my First Amendment Protected Rights to freely engage in the exchange of ideas and speech in order to promote and insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessing of liberty to myself and my posterity.

Date: _____

Signature: _____

**Send Completed Application with Payment to:
FREE ENTERPRISE SOCIETY SERVICES**

1175 Shaw Avenue #104
PMB 393
Clovis, CA 93612-3932
559-298-0929

_____ OFFICE USE ONLY: RECEIVE DATE: _____ Officer's Initials: __