ATLANTIS REWARDS PROGRAM
MEMBERSHIP APPLICATION

Your Name	_____	Date of Birth	_____
Home Address:	_____	City, State, ZIP	_____
Home Phone:	_____	Email Address	_____
Type of Business:	_____	Company Name	_____
Number of Employees	_____	Company Email	_____
Address of Business	_____	City, State, ZIP	_____
Business Phone:	_____	Business Fax	_____

☐ **Atlantis Reward Program Membership**
☐ $ 9.95 Registration Fee
☐ $19.95 Month
$29.90 Initial Payment Required

☐ Yes, I understand that the benefits are offered at the sole discretion of Atlantis and MYSUMBA and may vary by availability, vendor, or Member's state of residence. Should I withdraw my insurance application for any reason; I understand that I will NOT retain my membership in the Atlantis Rewards Program.

Member Name (print) _____

Member Signature:_____ Date: _____

Enroller Name (print) _____ Enroller #:_____

Enroller Signature: _____ Enroller Company Name_____

---------- ✂ Cut Here ✂ ----------

Atlantis Rewards Membership Receipt

☐ $ 9.95 Registration Fee
☐ $19.95 First Month
$29.90 Initial Payment, then $19.95 per month thereafter

Payment Type: Check____ Credit Card___ Auto Bank Draft___

Enroller Signature_____ #_____
Enroller Company Name_____

Form –AtlEnr082206