

College Funding Strategies, LLC

P.O. Box 261516
Highlands Ranch, CO 80163

MEMBERSHIP ENROLLMENT FORM

Business Name: _____

Rep(s) Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Fax:** _____

Business Email(s): _____

By signing below, I agree to pay \$349.95 membership enrollment fee for the College Funding Strategies, LLC Membership Program. After the enrollment deposit is made, the normal fee per client is required for all programs.

Payment Method:

Please bill my: ___ MasterCard ___ VISA ___ Discover ___ American Express

Name as it appears on card _____

Credit Card # _____ Exp. Date _____

- Option #1: I will send in a check for the full amount of \$349.95
- Option #2: Please charge my credit card for the full amount of \$349.95

Signature _____

Date _____

Please Fax to: 303-471-9019