



Continuing Education Course Membership Application Form

PERSONAL INFORMATION:

Legal Name: _____ L.Ac. # _____

Last (family) First Middle Initial

Phone Number: _____ Mobile: _____

E-Mail Address: _____

Address: _____

Please check the boxes below apply :

Choose	Status	Annual Fee	Per CE Unit Fee	Total CE Units
<input type="checkbox"/>	Customer of Bio Essence	Free	\$0.00	6
<input type="checkbox"/>	General Member	Free	\$0.00	6
<input type="checkbox"/>	Non-Member		\$0	6

Payment Method:

Credit Card Check (Please Make Check Payable To " Bio Essence Health Science") Cash

Credit Card # : _____ VISA Master DISC

Name on the Card: _____ Expiration Date: _____ / _____

Billing Address: _____

Singnature: _____ Date: _____

Office Use Only

Payment Received: \$ _____ Receipt#: #: _____ Invoice#: _____ Handled By: _____

Member Period: _____ Processing Date: _____