



20370 Town Center Lane #100  
Cupertino, CA 95014

OFFICE: (408) 446-9001

Mailing Address:  
P.O. Box 1509  
Cupertino, CA 95015

[cryonics@americancryonics.org](mailto:cryonics@americancryonics.org)  
[www.americancryonics.org](http://www.americancryonics.org)

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## APPLYING FOR ACS MEMBERSHIP

The American Cryonics Society welcomes members of CI as dual members who will enjoy all benefits and privileges of both organizations. People who have not yet made a membership choice may choose to become members of the American Cryonics Society where full body suspension and storage at the Cryonics Institute facility is available under ACS guidelines and inspection.

### Full Membership Dues:

	<u>First 4 Years</u>	<u>Thereafter</u>
• Standard Plan	\$378	\$300
• Monthly Plan	\$35/month	\$30/month
• Early Start Plan*	\$120	\$120(Until Age 36)
• Student Suspension Plan	\$55/year (until one year after leaving school)	

\*For individuals age 35 or younger who use a life insurance policy owned by the American Cryonics Society as funding.

Please note ACS has a Family Membership Plan available at a considerable discount. Where individuals apply for membership for someone who has just died or whose' death is imminent, ACS requires a membership plan entitled "LifePlus" where \$1000 is paid for the first year and \$300 per year thereafter.

**Jack Frost Plan:** \$28

The Jack Frost Plan gives potential cryonicists six months membership for only \$28. At the end of the six months, the member graduates to whatever full membership plan he or she chooses. This gives the potential cryonicists half a year with full membership privileges to check us out and decide if cryonics is a good fit. Most cryonicists use this time to complete their membership forms to give us the right to perform cryonic suspension and to arrange funding.

To participate in the ACS Suspension Program, let us know which plan you choose and we will send you our suspension forms. Upon request, we will also send an informational packet that tells more about cryonics and the American Cryonics Society.

Note Current yearly dues are subject to change



# American Cryonics Society

## - APPLICATION FOR MEMBERSHIP -

1. Place a check mark beside your choice of membership plan.

**Full Membership Dues\*:**

	<u>First 4Years</u>	<u>Thereafter</u>
<input type="checkbox"/> Standard Plan	\$378	\$300
<input type="checkbox"/> Monthly Plan	\$35/month	\$30/month
<input type="checkbox"/> Early Start Plan	\$120	\$120
<input type="checkbox"/> LifePlus Plan	\$1000	\$300
<input type="checkbox"/> Student Suspension Plan	\$55/year (until one year after leaving school)	

Check below if you qualify for the family discount for the full membership plan:

Another member of my family/domestic group has paid the full dues checked above therefore my dues are half the above amount. Member Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Home Address \_\_\_\_\_  
 \_\_\_\_\_

Delivery Address \_\_\_\_\_  
 (If different) \_\_\_\_\_

4. Telephone (\_\_\_\_) \_\_\_\_\_

Other(Cell/Pager) \_\_\_\_\_

E-Mail / Fax \_\_\_\_\_ I wish to be notified on our email of relevant discussions or local social events (  )

5. Optional Information: Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Gender: (  ) Male (  ) Female

I wish to apply for participation in the ACS Suspension Program: YES NO

6. Signature \_\_\_\_\_ Date \_\_\_\_\_

(\*) Current yearly dues are subject to change



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# \$28 May Buy you 1,000 Years!!

## ∞ **Terms of \$28 Trial Membership**

Based on the information you have provided below we will mail you the legal documents needed to help insure that we can perform a cryonic suspension when required. To start the process you will need to become a member of the American Cryonics Society by paying dues. During the first 6 months a dues payment of only \$28 is required. This is to give you plenty of time to obtain insurance and to sign and to return our forms. After your 6 month trial membership period you will be billed \$378 per year for the first 4 years then \$300 per year thereafter. You may quit anytime you wish. During the 6 month trial membership period you will have conditional coverage for cryonics. In other words, should you die during this time you will be frozen as long as you have met needed provisions to give us the legal authorities and financial means to freeze you.

Visit our website [www.americancryonics.org](http://www.americancryonics.org) for additional information about funding your cryonic suspension.

## ∞ **Ways to Pay Your Trial Membership**

1. Memberships may be paid by check or money order:
  - Payable to: American Cryonics Society, Inc. in the amount of \$28
2. Memberships may be paid through PAYPAL:
  - E-mail your payment to: [cryonics@americancryonics.org](mailto:cryonics@americancryonics.org)
  - Under e-mail subject line please put: "Trial Membership Payment"

Either ways please complete the application below and mail it to us at:

ACS, P.O. Box 1509, Cupertino, CA 95015.

1. I wish to apply for participation in the ACS Suspension Program.

2. Name \_\_\_\_\_

3. Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone \_\_\_\_\_ Other (Cell/Pager) \_\_\_\_\_

E-Mail / Fax \_\_\_\_\_

I wish to be notified by email of relevant discussions or local social events: YES / NO

5. Birth Date \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Gender:            Male            Female

6. I have made the payment:             by check            or             by PAYPAL

7.     **I have read and accept the terms of trial membership. I understand that my trial membership does not become effective until I have paid the \$28.00 trial membership dues.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date