

My Better Benefits

Application for Individual/Family Membership

PLEASE CAREFULLY PRINT OR TYPE

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code (+4): _____ - _____

Tel (w/ext): _____ E Mail: _____
(*very important* – all communication is done via e-mail)

Your employer: _____

(If Applicable)

Please Note: If you refer a company to mBB that joins our organization as a result of your referral, you may be eligible for a referral reward. You can recruit the company you work for, or help us to recruit a company that might join mBB as a vendor.

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Your dues entitle you to all the benefits of the mBB. They are due upon receipt of this application. Once we receive your dues, we will mail or e-mail you information about your mBB membership for the year.

Individual/Family dues (they are one and the same) are \$10.00. Membership is effective for the calendar year, January – December, and is not pro-rated.

Your Signature

Date

my Better Benefits
395 Garnsey Road
Pittsford, NY 14534-4543

(585) 713-3370
FAX: (206) 600-3042
mbb@rochester.rr.com

If you wish to charge by credit card and fax us or mail us that information you may. If paid by credit card, the total fee is \$10.50. The \$0.50 represents approximately 1/3 of the total processing fee charged to us by the credit card processor. If using a credit card, please supply the following:

Card # _____ Expiration Date _____ CSC (3 or 4 digits) _____

Signature authorization _____