



State of California Articles of Incorporation  
 Mutual Benefit Non-Profit Corporation  
 No. 3688764, IRS EIN 47-1261770

**OFFICIAL  
 MEMBERSHIP  
 FORM**

**(Please print clearly)**

LICENSEE/S NAME \_\_\_\_\_

MOBILE/CONTACT# \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_ COUNTY: \_\_\_\_\_

MARK TYPE OF FACILITY/FACILITIES YOU OPERATE:  RCFE  ARF TOTAL NUMBER OF FACILITIES \_\_\_\_\_

<p>I Authorize 6beds, Inc. To Initiate a Recurring Debit/Credit Card Payment As Indicated Below:</p> <p><b>Membership Fee/Frequency:</b>  <input type="checkbox"/> \$600/year <input type="checkbox"/> \$300/semi-annual  <input type="checkbox"/> \$150/quarterly <input type="checkbox"/> \$50/monthly</p> <p><b>Account Type:</b>  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex</p> <p>Card #: _____</p> <p>Expiration: _____ CVV Code: _____</p> <p>Name on Card: _____</p> <p>Billing Address: _____</p> <p>Signature: _____ Date: _____</p>	<p><b>Or Pay by check (Send together with your membership form. Make Check payable to 6Beds, Inc.)</b></p> <p>Membership Fee: <input type="checkbox"/> \$600/year <input type="checkbox"/> \$300/semi-annual</p> <p><i>Schedule your payment to be automatically charged to your Debit Card, Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started! Recurring Payment will make your life easier. It's convenient (saving you time and postage).</i></p> <p><i>I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify 6Beds, Inc in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I understand that because this is an automatic electronic payment, these funds may be withdrawn from my account as soon as the noted periodic transaction dates. I acknowledge that the origination of automatic electronic payment to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this card and will not dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.</i></p>
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**6BEDS is a Mutual Benefit NON-PROFIT Corporation. Part of the membership fee is tax-deductible (consult with your tax advisor). Membership fees are non-refundable. Thank you for supporting our industry.**

Signature of Member: \_\_\_\_\_ Date \_\_\_\_\_

**(PLEASE NOTE): MEMBERS WHO HAVE PAID A MINIMUM OF \$300 MEMBERSHIP FEE WILL RECEIVE THEIR ADMISSION AGREEMENT AND EMPLOYEE HANDBOOK.**

MAIL MEMBERSHIP FORM TO: PO BOX 5423 SOUTH SAN FRANCISCO, CA. 94083  
 OR FAX TO: 650 871-7931 OR EMAIL TO: subscriptions@6beds.org

Received By _____	Date Deposit _____	Bank _____	Amount Received _____	Check# _____
Paid: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Auto-pay <input type="checkbox"/> WC <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> 6BEDSPROVIDERS				