



6Beds Official Membership Form

R042917

A State of California Non-Profit Organization (NPO)

MEMBER: NEW RENEWING

RECEIVED BY: _____

LICENSEE NAME(S) _____

PRIMARY CONTACT NAME(S) _____

PRIMARY CONTACT EMAIL ADDRESS(ES) _____

WEBSITE _____

PRIMARY CONTACT MOBILE PHONE NUMBER _____

ALTERNATIVE PHONE NUMBER _____

MAILING ADDRESS _____

HOW MANY FACILITIES DO YOU OPERATE? (Provide total per type.) _____

RCFE: _____

ARF: _____

FACILITY NAME (Provide at least 1 facility information you operate.) _____

FACILITY TYPE (Circle Type): **RCFE** | **ARF**

FACILITY ADDRESS _____

FACILITY COUNTY _____

I authorize 6beds, Inc., to initiate a recurring checking/savings or debit/credit card payment as indicated below.

MEMBERSHIP DUES FREQUENCY

\$600/ANNUALLY \$300/SEMI-ANNUALY \$150/QUARTERLY \$50/MONTHLY

CHECK/SAVINGS ACCOUNT

If sending check with this form, make check payable to 6Beds, Inc.

CHECK #: _____

AMOUNT: _____

DEBIT/CREDIT CARD

VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME _____

CARD # _____

EXPIRATION _____

CVV _____

ZIP CODE _____

6Beds membership dues is \$600 annually, payable by member's chosen payment frequency above. 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 I understand that because this is an automatic electronic payment, these funds may be withdrawn from my account as soon as the noted periodic transaction dates.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 or ACH transactions to my account must comply with the provisions of U.S. law. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that 6Beds, Inc., may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

6BEDS is a Mutual Benefit NON-PROFIT Corporation. Part of the membership dues is tax-deductible (consult with your tax advisor). Membership dues are non-refundable.

MEMBER SIGNATURE _____

DATE _____

MAIL FORM TO: 24988 Blue Ravine Road, Ste. 110A, Folsom CA 95630

OR EMAIL TO: subscriptions@6Beds.org