

LifeSPAN
Lifetime Secure Personal Assistance Network

Affiliate of PLAN™, Vancouver BC

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www.lifespan-wa.org

I wish to apply for full membership

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Tel: () _____ Work: () _____

Fax: () _____ Email address: _____

I understand in the next twelve months, I (we) will:

1. Execute a will, setting up a trust for _____ which permits the Trustee to pay fees to LifeSPAN for services provided upon my/our death(s).
2. Provide a copy of the relevant section of my/our will to LifeSPAN.
3. Formalize a Personal Network for _____. This will involve working with a LifeSPAN facilitator for a minimum of six (6) hours annually.
OR
Commit to formalizing a Personal Network when _____ becomes an adult (age 25).
4. Complete a family history and provide it to LifeSPAN.
5. Submit my "Expectations of LifeSpan" form communicating my/our specific desires and wishes for LifeSPAN's continuing involvement.

† Please find my membership contribution enclosed in the amount of \$ _____
(Initial membership contribution for a Lifetime Member is \$1000.00)

Membership Application is subject to the approval of the LifeSPAN Board of Directors.

Dated on this day of _____, 200__.

Signature _____

Signature _____

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