



# Child Shield, U.S.A.™

"America's Protector of Children"

## Membership Application

1940 W. Sunkist Road • Tucson, AZ 85755

TOLL FREE: (800) OK CHILD (652-4453)

FAX: (520) 297-7795



MEMBER

Affil. Use Only	Assigned Affil. Number _____
	Affil. Name _____
	Affil. Address _____
	Phone _____
	Signature of Affil. _____
	Promo Code _____
	Organization Code _____

### Member Information

Please Print Clearly.

Today's Date  /  /

SSN# (Last 2)   For internal use only by CSUSA™.

Parent Name Last \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_  
 Mailing Address Street Address \_\_\_\_\_  
 Apt/Ste # \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Parent Date of Birth  /  /   
Month Day Year

Spouse Last \_\_\_\_\_  
 First \_\_\_\_\_

Home Phone

Work Phone     Ext:

Email Address \_\_\_\_\_  
 I do **not** wish to receive email updates from CSUSA™ about my membership. (Your privacy is a priority with us! CSUSA™ will not sell your email address or personal information of any kind to third party vendors.)

**Applicant:** I understand that the program package sets forth the terms of my membership. I further understand that if I have not received the program package at time of purchase, that the company will mail it to me at the address noted herein within the next fourteen days. If I have not received my package within that timeframe, I understand that it is my responsibility to call **Child Shield U.S.A.™ at 1-800-OKCHILD (652-4453)** to obtain it. I further understand I can cancel the service at any time with written notification to the company. If I cancel the service or let it lapse, I understand there is a \$49.00 reinstatement fee. I understand **Child Shield U.S.A.™** is not responsible for videos or photos lost or misdirected during shipment and in any event the company's liability shall not exceed the price paid for the service.

The package, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the program package.

I hereby acknowledge that on this date, I purchased this plan in the city of \_\_\_\_\_ in the State of \_\_\_\_\_. By signing this application, I certify I am legally residing in the United States of America with the children covered by the Service.

Total Number of Children Covered \_\_\_\_\_

Total Number of Child Safety Kits Needed \_\_\_\_\_

Signature of Applicant **X** \_\_\_\_\_

### Payment Information

Monthly/Yearly payment by  Credit Card  Debit Card

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the date of my membership.

Card #:

Exp. Date (Mo./Yr.)   MasterCard  Visa  Discover  AMEX

Name as it appears on card \_\_\_\_\_

Billing address for card (if different from above) \_\_\_\_\_

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

Cardholder Signature: **X** \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

### Total Investment

(Choose One)

One-Time, LIFETIME Enrollment Fee **\$199.00**  
 Plus:  
 Monthly Investment of \$15.00  
 (First payment starts in 30 days)

One-Time, LIFETIME Enrollment Fee **\$199.00**  
 Plus: **SAVE \$30**  
 1 annual payment of \$150.00  
 (Total due today \$349.00)

Other items purchased (Using payment information listed above)

Description	Qty	Price Each	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____