

**The OurFamilyWizard® website  
Application for Membership**

**Once this form has been completed send by fax to: (952) 548-8159**

**Or by mail to:**

**The OurFamilyWizard® website  
Attn: New Member Services  
1302 North East 2<sup>nd</sup> St  
Suite 200  
Minneapolis, MN 55413**

**Professional:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Username: (if applicable)** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents**

**First parent account:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Username: (if applicable)** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State (Province), and Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_

**I have read and understand the terms and conditions and the privacy policy for use of the OurFamilyWizard® website (more information can be found at**

**<http://www.ourfamilywizard.com/index.cfm?action=NewCompanyLegal>):**

**\_\_\_\_\_ Agree or \_\_\_\_\_ Disagree (if you disagree your account will not be established)**

**Method of Payment:**

**Which account would you like to purchase:**

**\_\_\_ \$55 (USD) for six months**

**\_\_\_ \$99 (USD) for one year**

**\_\_\_ \$179 (USD) for two years**

**Are you paying for just your account or both parent subscriptions?**

**\_\_\_ Just mine or \_\_\_ Both Accounts**

**Total amount due: \_\_\_\_\_**

**If paying by credit card, please fill out the following fields:**

**\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover**

**Credit Card Number: \_\_\_\_\_**

**Expiration Date: \_\_\_\_\_**

**Billing Zip Code: \_\_\_\_\_**

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

**Signature: \_\_\_\_\_**

**Second parent account:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Username: (if applicable)** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State (Province), and Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_

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