ALCOR LIFE EXTENSION FOUNDATION

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Membership Information (877) GO-ALCOR • info@alcor.org • http:www.alcor.org

MEMBERSHIP APPLICATION

Submit with this application a recent photo if available. There is a mandatory, non-refundable application fee of $300. This fee will be applied to your membership dues once your membership is finalized. The application fee for additional adult family members is $200 and $50 for children. If your membership is not finalized after four months, you will be charged a quarterly extended application fee of $90 ($45 for minor family members).

If you have any questions on completing this application please contact the Membership Department, ext. 132.

I. PERSONAL INFORMATION

This section of the form is required for completion of Vital Statistics Form

Full Legal Name		**Date of Birth**	**Place of Birth (City, State/Province, Country)**
Mailing Address	**City**	**State/Province/Country**	**Zip/Postal Code**
Physical Address (if different from above)	**City**	**State/Province/Country**	**Zip/Postal Code**
☐Home Phone	**☐Work Phone**	**☐Cell Phone**	**☐E-Mail**
***Please check box above for preferred method of contact**		**Birth Name (if different from above)**	
Social Security Number	**Race or Ethnicity**	**Citizen of Country**	**U.S. Military Service, branch? from (year) to (year)**
Marital Status	**Occupation**	**If unemployed, what was occupation?**	
Father's name	**Father's birthplace**	**Mother's full maiden name**	**Mother's birthplace**
Wife's maiden name		**Are you a full time student?**	**Total years of formal education**
What prompted you to apply for membership?			

II. CONTACTS

Are there any persons or organizations we should contact in case of your death or other emergency? Put your "significant other" here if you have a relationship with someone who is not your legal spouse or list close, cooperative friends and nearby cryonicists who might be helpful in an emergency. You may find it useful to provide Alcor with names for your Attorney, Health Care Representative (Medical Surrogate), the Executor of your estate, or other personal representatives. If necessary, please attach a separate sheet labeled "Section II Contacts, Continued."

Name	**Phones (home and work)**	**Purpose for contacting:**	
Street Address	**City**	**State/Province/Country**	**Zip/Postal Code**

III. METHOD OF PROVIDING CRYOPRESERVATION FUNDS

Type of cryopreservation funding (check one): ☐ **Life Insurance** ☐ **Trust** ☐ **Prepayment** ☐ **Annuity** ☐ **Other means**

LIFE INSURANCE. Most Alcor Members use life insurance because it requires no sizeable, up front assets. ***If you use life insurance, you must make Alcor Life Extension the owner of the policy as well as the beneficiary.*** The purpose of this is to make sure that Alcor receives notification if there is any problem with your policy. Also, making Alcor the owner may prevent the policy being drained for hospital bills for a terminal illness (under government regulations). ***If you have chosen life insurance, you must also send Alcor a complete copy of the policy and any related documents (such as schedule of beneficiaries, the application, etc.).*** Alcor will return ownership to member at any time with member's written request. (Buyback agreement)

You are not grandfathered at existing prices! If Alcor increases the minimums required for cryopreservation funding in the future, you must have this new amount in funding available or you will be cancelled as a member. Please plan your funding accordingly for inevitable increases in costs that will occur in the future.

Company Name	Policy Number	Policy Type	Date Issued	Face Amount

Street Address of Company	City	State/Province/County	Zip/Postal Code

Your Agent's Name	Phone	E-mail

IV. DECISIONS CONCERNING YOUR CRYOPRESERVATION

These are the specific legal decisions which you must make as part of your **Cryopreservation Agreement.**

METHOD OF CRYOPRESERVATION. Alcor offers two options for cryopreservation: 1) Neurocryopreservation, wherein the Member's brain or entire head is cryopreserved using current vitrification protocols, 2) Whole Body Cryopreservation, wherein the Member's brain is vitrified and the body is partially vitrified.

☐ **Whole Body Cryopreservation** ☐ **Neurocryopreservation**

CMS WAIVER Alcor will waive the CMS fee (currently $180 per year) if the member contractually signs up to always fund $20,000 above the minimum cryopreservation rate. Do you choose this option? **Yes** ◯ **No** ◯

CREMATION AND DISPOSITION OF NON-CRYOPRESERVED PORTION OF HUMAN REMAINS. The non-cryopreserved portion of the Member's remains will be cremated. All Members, whether selecting Whole Body Cryopreservation or Neurocryopreservation, must make a selection below:

☐ I wish Alcor to retain or dispose of the cremated portion of my remains as it chooses, consistent with the legal requirements. **(Default decision)**

☐ I wish the person named below to receive possession of the cremated non-cryopreserved portion of my human remains.

Name	Street Address	City	State/Province/Country	Zip/Postal Code

(If this person cannot be located and your next-of-kin refuses to accept your remains, Alcor will dispose or retain them as it chooses.)

☐ I wish to make other arrangements for disposal of the cremated non-cryopreserved portion of my remains. (Please attach an explanation.)

CRITERIA FOR CRYOPRESERVATION. You might die under circumstances which would cause considerable damage to your remains. If you wish to specify conditions under which your remains should *not* be cryopreserved, contact Alcor's Membership Coordinator.

◯ **(Default decision)** I wish Alcor to place into cryopreservation any biological remains that they may be able to recover, regardless of the severity from such causes as fire, decomposition, autopsy, embalming, etc. Similarly, members who have chosen Neurocryopreservation will have any remains of their brain placed into cryopreservation regardless of damage.

◯ I wish Alcor to place into cryopreservation any remains of my brain that they may be able to recover, regardless of the severity of the damage. If none of my brain tissue is recoverable, do not proceed with my cryopreservation.

CRYOPRESERVATION NOT POSSIBLE. You might die under circumstances that make it impossible to cryopreserve you. These circumstances might include legal or medical barriers to the inability of Alcor to locate or recover your remains. In that event, Alcor would take from your Cryopreservation Fund an amount equal to expenses incurred in an attempted location or recovery. Under these circumstances, or if for any other reason, cryopreservation of your human remains is not possible, Alcor will pay over the remainder of the Cryopreservation Fund to the Patient Care Trust (50%) and the General Operating Fund (50%**) (default).** If you wish Alcor to allocate the remainder of the Cryopreservation Fund differently, please complete the following: (the "%" means the percent of the remainder of the Cryopreservation Fund.)

To the: ☐ General Operating Fund _____% ☐ Patient Care Trust _____%

☐ Alcor Research Fund _____% ☐ Endowment Fund_____%

To the following person(s) _____

_____

Other (specify) _____

TOTAL SHOULD EQUAL 100%

INSTRUCTIONS IN THE EVENT OF PREVENTION. In the event that one or more of the persons, organizations, trusts, etc., specifically designated by the preceding section to receive funds if you are not cryopreserved is found by Alcor after reasonable inquiry to have in any way prevented prompt cryopreservation then Alcor will divide any remaining money in accordance with the choices made by the Member below:

☐ **(Default decision)** None of the persons, organizations, trusts, etc., specifically designated shall receive any remaining money, which instead shall be divided between the Patient Care Trust (50%) and the General Operating Fund (50%).

☐ Distributions shall nevertheless be made to such persons, organizations, trusts, etc., specifically designated.

☐ Other (describe): _____

_____

Payments to estates or other entities will be made at the discretion of Alcor based on a determination after reasonable inquiry of whether the prompt cryopreservation of the member was in any way prevented by a third party. Such prevention may include but is not limited to failure to notify Alcor of serious illness or death of the Member, untimely notification of Alcor of serious illness or death of the Member, or failure to cooperate with Alcor in facilitating the cryopreservation of the Member. In the event that prevention by any third party is deemed by Alcor to have occurred after reasonable inquiry, payment will be made only in accordance with the Member's Instructions in the Event of Prevention. If Alcor chooses to disburse funds and none of the choices to receive unused funds are alive, located or existing, Alcor shall make a reasonable effort to search out other natural heirs. The costs of this search will be paid for out of the funds. If no heirs can be found, Alcor shall dispose of the money as prescribed by law.

CRYOPRESERVATION ENDANGERMENT CONTACT(S). (Optional) In case of large financial expenditures being required to fight legal attacks on your cryopreservation, general financial or legal set-backs which threaten the cryopreservations of all Members in cryopreservation, or the dissolution of Alcor (see **Cryopreservation Agreement, Section IV, CONTINGENCIES)**, it may be necessary for Alcor to convert the cryopreservation from Whole Body Cryopreservation to Neurocryopreservation or to terminate the cryopreservation. As a safety measure, you may designate certain individual(s), organization(s), and/or institution(s) as **Cryopreservation Endangerment Contact(s)** (see **Cryopreservation Agreement, Section IV, CONTINGENCIES, Article 3)**. Such a designation does not create a contract with the **Cryopreservation Endangerment Contact(s)** on the part of either the Member or Alcor. Such Contact(s) might include individuals or organizations you have left funds with for the specific purpose of providing a back-up fund for your cryopreservation.

Name	Home Phone	Cell Phone	Work Phone
Street Address	City	State/Province/Country	Zip/Postal Code

ALLOCATION OF CRYOPRESERVATION FUNDING OVER THE REQUIRED MINIMUM AMOUNT. If you have provided Cryopreservation Funding over the minimum required amount, and if all cryopreservation expenses have not been met by the minimum required amount, Alcor will apply funding above the minimum to payment of those expenses. If funds above the minimum required amount remain after payment of all cryopreservation expenses, Alcor will place 50% of this money into the Patient Care Fund, and 50% into the General Operating Fund ***(default decision)***. If you wish Alcor to allocate cryopreservation funds over the minimum differently, please complete the following (the "%" means the percent of the amount over the required minimums).

☐ To the Patient Care Trust _____%

☐ To the General Operating Fund _____%

☐ To the Alcor Research Fund _____%

☐ To the Endowment Trust _____%

☐ Other (specify) _____%

TOTAL SHOULD EQUAL 100%

PUBLIC DISCLOSURE. To promote a better understanding and acceptance of cryonics, it is useful if Alcor can release the names and photos of persons who are members or who have been placed into cryopreservation. However, we realize that some people wish to retain their privacy and not have their choice of cryopreservation revealed. Please select one or more of the following:

☐ I give Alcor permission to freely release my information at its discretion. **(Default Decision)**

☐ I instruct Alcor to maintain reasonable confidentiality pursuant to the provisions of Attachment I.

☐ I instruct Alcor to maintain reasonable confidentiality pursuant to the provisions of Attachment I. After my cryopreservation, Alcor is authorized to freely release my information at its discretion, including information Alcor deems appropriate about my cryopreservation.

V. WILLS

Alcor does not require that you have a will in order to become a Member. However, if you *already* have a will which has provisions contrary to the goals of cryonics (for example, if your will states that you do not want cryopreservation, or if it requires cremation, burial, or other disposition of your human remains after your legal death), *these provisions may invalidate your Cryopreservation Agreement.* If you have a will, it is your responsibility to change it through a new codicil or a new will; otherwise your cryopreservation arrangements may not be valid.

Do you have a will? ☐ **Y**es ☐ No If, "Yes" does it include any provisions contrary to cryonics? ☐ **Yes** ☐ **No**

TRUST FUNDS. If you wish to fund your cryopreservation using a trust, consider using Alcor's pre-approved template trust. Private trusts are reviewed by an attorney, at the expense of the applicant, and approval by Alcor's Board of Directors will be required. Contact Alcor's Membership Coordinator for more information.

VI. MEMBERSHIP COSTS

Members pay dues while living to help offset the costs of Alcor's administrative and research expenses. Various discounts on dues apply to additional family members, full-time students aged 30 and under, minors, and long-term Alcor members.

Current Membership Dues/CMS (check one): ☐ $705 Annually ***(default)*** ☐ $357 Semi-annually ☐ $179 Quarterly

This includes a payment of $180 per year for Comprehensive Member Standby (CMS) for members in the US and Canada. (Waived for members under 18, full-time students under 25 and members contractually funded $20,000 above the minimum cryopreservation rate.) Dues and CMS charges are subject to change.

Current Membership Dues/CMS waiver (check one): ☐ $525 Annually ***(default)*** ☐ $267 Semi-annually ☐ $134 Quarterly

ALL INVOICES WILL BE E-MAILED.

☐ Check here if you have a family member living within the same household who has already joined Alcor.

VII. EMERGENCY ALERT SYSTEM

An essential aspect of Alcor's rapid response capability is the Emergency Alert bracelet/necktag, which notifies medical personnel and Alcor in the event you are disabled and unable to speak for yourself in a medical emergency. Members receive one necktag, one bracelet, and two wallet cards. To receive an additional set of Emergency Alert tags (bracelet and necktag), please submit an additional $20.00 with your application. Please contact the Membership Department for alternative wrist tag options.

VIII. HEALTH AND EMERGENCY INFORMATION

A. Do you have a personal physician or Health Maintenance Organization (HMO)? (If not, write "None" and skip to Part B.)

Name	Hospital	Home Phone	Cell Phone
Street Address	City	State/Province/Country	Zip/Postal Code
To what extent will this person or organization cooperate with Alcor?			

B. Medical Information: List all medical problems, including diseases and disabilities, heart or circulatory problems, blood pressure, arthritis, and any clinical psychiatric problems. Please be honest, specific and detailed. Alcor does not disqualify people on the basis of health. We need this information to enable and enhance your cryopreservation not to deny it. If necessary, please attach a sheet labeled "Section VIII. Health and Emergency Information, Continued."

Sex : ☐ **M** ☐ **F** **Height:** _____ **Weight:** _____ **Blood Type:** _____

Health Problems: _____

History of Infectious Diseases (TB, hepatitis, HIV, etc.)_____

Allergies (including to drugs): _____

Medications currently or recently taken: _____

Identifying scars or notable characteristics:_____

Do you have artificial appliances, implants or prosthetics? (Examples: pacemaker, heart valve, artificial joint or limb, cranial plate, etc.) Failure to note this could cause delays or actual damage during transport or perfusion.

Past medical history: (including major illnesses, operations (especially heart surgery), injuries, hospitalizations, etc. Use extra sheets if necessary.)

List your spouse, children, mother, father and siblings. If deceased, write "deceased" and the date of death after the person's name. Please also provide the date of birth for the deceased individual. It is beneficial for Alcor to have the names of your next of kin and a feeling for their attitudes about cryonics. Do not delay submission of your application in an attempt to provide all the requested data. Relative's Affidavits (not applicable if the relative is a minor) are entirely optional and are sent directly to you for distribution to your relatives at your discretion. We will not contact your relatives unless requested. If the applicant is under 18, all legal guardians must be shown.

IX. NEXT OF KIN

Name	**Relation**	**Date of Birth**	**Phones (home and work)**	
Street Address		**City**	**State/Province/Country**	**Zip/Postal Code**
Is he/she willing to sign a Relative's Affidavit?		**Any comments about his/her attitude toward cryonics or possible cooperation with Alcor?**		
E-mail				

Name	**Relation**	**Date of Birth**	**Phones (home and work)**	
Street Address		**City**	**State/Province/Country**	**Zip/Postal Code**

Is he/she willing to sign a Relative's Affidavit?		**Any comments about his/her attitude toward cryonics or possible cooperation with Alcor?**		
E-mail				
Name	**Relation**	**Date of Birth**	**Phones (home and work)**	
Street Address		**City**	**State/Province/Country**	**Zip/Postal Code**
Is he/she willing to sign a Relative's Affidavit?		**Any comments about his/her attitude toward cryonics or possible cooperation with Alcor?**		
E-mail				

Do you need help finding non-family member witnesses? ☐ Yes ☐ No

X. APPLICATION FEES – COMPLETION OF THIS SECTION REQUIRED

In the event you have not satisfied all membership requirements and joined as a member of Alcor within four months of your application date, your credit card below will be charged $90. Additionally, this $90 charge will be applied each subsequent three-month period you remain an applicant.

I authorize Alcor Life Extension Foundation to charge the credit card below $90 if I have not joined as a member of Alcor within four months of my application date and each subsequent three month period that I do not join as a member.

☐ I also authorize Alcor to charge this card for the application fee.
(If you do not mark this box, please send a check for your application fee.)

☐ 1st Family Member -- **$300** ☐ 2nd Adult Family Member -- **$200** ☐ Minor Family Member – **$50**

☐ I also authorize Alcor to automatically charge my credit card for my membership fees, once I am approved as a member.
(See Section VI: Membership Costs.)

You may also provide this information over the phone by calling Diane Cremeens at (480) 905-1906 x 132.

☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER _____ _____
Credit Card Number Exp. Date

_____
Name (as it appears on credit card – *please print)*

_____
Billing address (if different from mailing address)

I/We understand and agree that any controversy or claim arising out of or relating to this Application shall be settled in Phoenix, Arizona by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and judgment upon the award entered by the arbitrator(s) may be entered and enforced by any court having jurisdiction thereof. Additionally, I/we intend that the arbitrator(s) have power to issue any provisional relief appropriate to the circumstances, including but not limited to: temporary restraining orders, injunctions, and attachments. I/we intend that this agreement to arbitrate be irrevocable and agree that the Alcor Life Extension Foundation is entitled to injunctive relief to quash litigation should I/we breach this agreement. If Member is unable to sign or is an unemancipated minor or otherwise incompetent, appropriate next of kin and/or Legal Power of Attorney must sign below.

Signature(s): _____ Date:_____