



FAMILY APPLICATION

Primary Member Name (First, MI, Last) _____

Primary Member Date of Birth _____ Gender _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

Spouse Name _____ D.O.B. _____ Gender _____

Dependent Name _____ D.O.B. _____ Gender _____

Dependent Name _____ D.O.B. _____ Gender _____

Dependent Name _____ D.O.B. _____ Gender _____

Dependent Name _____ D.O.B. _____ Gender _____

Plan Name: Pet Sitters Association

6 Month Subscription: \$60.00

12 Month Subscription: \$120.00 Per Family Per Month

Please send to:

BidRx Member Services

2905 Universal St., Suite LL10

Oshkosh, WI 54904

Phone: 920-230-6200

For Office Use Only

GROUP NAME _____

PLAN NAME _____