



Individual Application

Primary Member Name (First, MI, Last) _____

Primary Member Date of Birth _____ Gender _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

Plan Name: Pet Sitters Association

6 Month Subscription: \$36.00

12 Month Subscription: \$72.00

Please send Application and Check to:

BidRx Member Services

2905 Universal St., Suite LL10

Oshkosh, WI 54904

Phone: 920-230-6200

For Office Use Only

Group Name _____

Plan Name _____