



Membership Application

Congratulations on your decision to make happiness a big part of your life! Please print legibly and fill in all fields.

Full Name _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Home Phone _____

Day Phone _____

E-mail _____

Membership Level (Choose one):
 Classic \$33.00 per year
 Star \$75.00 per year
 VIP \$149.00 per year

Payment Method (Choose one):
 Check (enclosed, made payable to American Happiness Association)
 Credit Card (American Express, MasterCard, Visa, Discover)

Name on Card _____

Credit Card # _____

Expiration Date _____

Card Security Code (three digits on the back of the card) _____

Signature _____

Mail to: American Happiness Association
3964 Rivermark Plaza, #416
Santa Clara, CA 95054

Or Fax to: 775-582-8520

Thank you for your support!