



Membership Application

- \$2750 initiation fee.
- Monthly dues of \$350.
- WealthCounsel members receive a \$50 discount off monthly dues. (May not be combined with any other offer.)
- NAELA members receive a \$35 discount off monthly dues for 12 months. (May not be combined with any other offer.)

Yes! I want to become Member of ElderCounsel!

CONTACT INFORMATION & MAILING ADDRESS:

PRIMARY MEMBER NAME _____ NICKNAME _____

FIRM NAME _____

BILLING ADDRESS 1 _____ PHONE _____

BILLING ADDRESS 2 _____ FAX _____

CITY, STATE & ZIP _____

EMAIL ADDRESS _____

SHIPPING ADDRESS (IF DIFFERENT) _____

SHIPPING CITY, STATE & ZIP _____

PROFESSIONAL REFERENCES: Please provide at least one attorney reference.

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

WORD 2003 OR LATER IS REQUIRED TO RUN THIS SOFTWARE. NO OTHER SOFTWARE IS REQUIRED.

REGISTRATION & AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

Upon approval, we will automatically bill your credit/debit card for the amount indicated and your total charges will appear on your monthly credit/debit card statement. You may cancel this

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automatic billing authorization after you complete your payment option plan by calling us at 888-659-4069, extension 816 or accounting@wealthcounsel.com.

I authorize ElderCounsel to charge my credit/debit card \$2750 (plus tax, if applicable) now, and to charge my credit/debit card \$350 on the 1st of the month for my required monthly dues. _____ (please initial)


I am a WealthCounsel member. I authorize ElderCounsel to charge my credit/debit card \$2750 (plus tax, if applicable) now, and to charge my credit/debit card \$300 on the 1st of the month for my required monthly dues. _____ (please initial)

I am a NAELA member. I authorize ElderCounsel to charge my credit/debit card \$2750 (plus tax, if applicable) now, and to charge my credit/debit card \$315 on the 1st of the month for my required monthly dues for a period of 12 months, as long as I remain a NAELA member. _____ (please initial).

If you reside in Oregon, New York, Florida or Wisconsin, sales tax is to be calculated on full amount of membership initiation, and first \$25 of monthly fee.

Total Charge for Initiation Fee (including sales tax, if applicable) \$ _____

Card type: MasterCard VISA AMEX Discover

_____	_____	_____
Credit card number	Expires:	Verif code
_____	_____	_____
Cardholder's name: (as shown on credit card)	Cardholder's Zip code (from credit card statement)	
_____	_____	
Billing address		
_____	_____	
Cardholder's Signature:	Date:	

ELDERCOUNSEL AGREEMENT & POLICIES:

PLEASE READ AND SIGN THIS SOFTWARE LICENSE AGREEMENT (THE "AGREEMENT") AS PART OF YOUR MEMBERSHIP APPLICATION. BY USING THE ELDERDOCX™ SOFTWARE, YOU ARE AGREEING TO BE BOUND BY THE TERMS OF THIS AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS OF THIS AGREEMENT, DO NOT USE THE ELDERDOCX™ SOFTWARE.

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considered to be the same law firm even if located in the same offices. Separate satellite office(s) of the same firm will incur additional monthly dues but are not required to pay separate membership initiation fees. A home office computer or laptop computer for the same attorney and firm are not considered separate satellite office(s) and additional monthly dues are not required. (Upon request, a copy of firm's malpractice policy page listing firm members will be provided to ElderCounsel). The rights granted herein are limited to ElderCounsel's intellectual property rights in the Software and do not include any other patents or intellectual property rights. You own the media on which the Software is recorded but ElderCounsel retain ownership of the Software itself. You assume sole responsibility for the installation, use and results obtained from use of the Software.

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11. **Complete Agreement; Governing Language.** This Agreement constitutes the entire agreement between the parties with respect to the use of the Software licensed hereunder and supersedes all prior or contemporaneous understandings regarding such subject matter. No amendment to or modification of this Agreement will be binding unless in writing and signed by ElderCounsel.

12. **Acknowledgment.** You acknowledge that you have read this Membership Application, understand it, and agree to be bound by its terms and conditions. You further acknowledge that you:

- (i) are an active member of the bar in good standing engaged in the practice of law, as defined by the disciplinary rules of applicant's state;
- (ii) understand the initial 12-month and monthly fee commitment;
- (iii) will only use the Software at one office location for one law firm;
- (iv) will only use the Software to draft documents in the ordinary course of the practice of law for the benefit of the law firm's clients;
- (v) will not use the Software to engage in or assist any other individual or entity to engage in the unauthorized practice of law;
- (vi) will not transfer the Software to any other individual or entity; and
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13. **Additional Conditions:** _____

ACKNOWLEDGED BY _____  DATE _____

LICENSED TO PRACTICE LAW IN _____

PRINT NAME _____ STATE BAR NUMBER _____

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