

SNOWBIRD

MAIL & MESSAGE

914 SW Coast Hwy, Suite 104
Newport, OR 97365
(541) 265-7808 or 1-800-800-0710
www.snowbirdmail.com
E-mail: info@snowbirdmail.com

Application Form

Please print and use middle initials

Full Primary Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Phone Number (_____) _____ Cell Phone (_____) _____

Email Address _____

List the names of other people or business names who will be receiving mail at this address in addition to the name listed above.

Please include the name and address of a relative or close friend we can reach in case of emergency:

Name _____

Address _____

Phone (_____) _____

We consider your whereabouts as confidential information unless you specify otherwise.

Please list the names of anyone we may disclose your whereabouts to below:

Membership Plans and Fees

Full-time Snowbird \$150.00 per Year Setup Fee \$20.00

Monthly \$18.00 per Month Setup Fee \$20.00

Please include an additional amount for your Postage Reserve Fund, at least \$15.

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Mailing Instructions

- | | |
|---|--|
| <input type="checkbox"/> Send all my mail | Includes 1st class, presort-standard, bulk mail, advertisements and catalogs |
| <input type="checkbox"/> Send First Class mail only | Includes subscription magazines and periodicals |
| <input type="checkbox"/> Recycle "junk" mail | Includes presort-standard, non-profit and catalogs |
| <input type="checkbox"/> Send my mail cheapest rate | Mail that weighs less than 13 oz. |
| <input type="checkbox"/> Send my mail Priority always | Cost depends on weight and distance |

Add any additional instructions for mailing: _____

Mail Authorizations

- I Authorize Snowbird Mail & Message to Sign for Certified and Registered mail
- I Authorize Snowbird Mail & Message to open my mail when I request it
- I Authorize Snowbird Mail & Message to open and repackage medicines, supplements or mail order items when I request it.

Renewal and Replenishment Instructions

- Charge renewal fees to my credit card
- Charge \$_____ when my Postage Reserve Fund reaches \$10 or less to my credit card

- Discover Credit Card # _____
- Master Card Exp Date _____
- Visa

How did you hear about our service? _____

I release SNOWBIRD MAIL & MESSAGE from liability for damage or loss of mail unless the same was caused by the gross negligence of SNOWBIRD or its employees. I understand that all fees must be paid in advance. My POSTAGE RESERVE balance and expiration date are always printed on my mailing label. Further, I understand that if my account becomes past due, SNOWBIRD may discontinue service and after a reasonable time, may return my mail to sender. This form is the entire agreement.

Signature _____

Date _____

Please send check or money order to: Snowbird Mail & Message 914 SW Coast Hwy, Suite 104, Newport, OR 97365, or call 1-800-800-0710 with a credit card number.