

MEMBER'S AREA SUBSCRIPTION

NB: Please PRINT in BLACK INK – then fax to (021) 794-0635

Please note – if you have already filled in a Newsletter Subscription Form, don't complete this

Full Name:

Telephone number: Cell:

Email address: Fax No:

Residential Address:

.....Postal Code.....

Postal Address:

Postal Code..... Today's Date:.....

Please complete: I **DO/DO NOT** wish to receive the monthly E-Magazine Subscriber Newsletter sent to my box each month (**circle** the one which applies)

Your Subscription begins: expiring at end

Privacy policy: We will not sell, trade or give your details to anyone – they are safe with us!

Please read the statement below, and sign:

I understand that all information provided in newsletters and in the Member's Area is for information only, and cannot replace the advice of a medically trained professional. Sally-Ann Creed assumes no responsibility for action taken by the reader in using any information at any time and as such cannot be held responsible for decisions or actions taken as a result of any information found in the Member's Area or elsewhere on her site. I also understand that the newsletter and all material in the secure area of the site is copyrighted and not for reproduction or distribution in any form without the written consent of Sally-Ann Creed. I also understand that there is no refund should I decide to cancel this subscription at any time before my 1 year subscription is complete, unless the terms above have been violated, in which case we reserve the right to block entry to the secure area.

Signed:

BANKING DETAILS:

Name: SALLY-ANN CREED CLINICAL NUTRITIONIST CC
Bank: Standard Bank, Constantia **Branch Code:** 025309
Account Number: 275 670 872 **Account Type:** Marketlink

Please note: Your NAME must be quoted on any bank transfers made – unless you do this we may be unable to trace your payment. When doing internet transfers, bank deposits or any other form of payment other than credit card, PLEASE quote your name and MEMBER'S AREA MUST be quoted on the payment. If you wish to use a credit card, continue:

Your Name as it appears on your Card:

Number on Credit Card:

Last 3 digits on back of card: Expiry Date:

Type of card: (ie. Master, Visa)

*I agree to have Sally-Ann Creed debit my credit card to the value of **R350.00** (three hundred and fifty Rand only) for one year's subscription to the Member's Area.*

Cardholder's Signature:

Please ensure that your server will allow this through – no refunds due to computer problems.

Proof of payment must accompany this application if your card details are omitted. For people outside of South Africa – sorry, we take credit cards only.