



A R C H E L A N<sup>TM</sup>  
S T U D I O

# Member Privileges Club

## SUBSCRIPTION FORM

### MEMBER INFORMATION:

(If payment is by credit card, your address must match your billing address)

Title: Mr.  Mrs.  Ms.  Miss

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### SUBSCRIPTION INFORMATION:

1 year Charter Membership for \$35.00

Form of Payment: VISA  MasterCard  American Express

Name as it appears on your card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

**OR**  Check made payable to: Archelan, LLC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may fax us your completed subscription form to: 1-650-872-8886 or you may mail it to:

Archelan, LLC, Attn: Subscriptions  
90 South Spruce Ave, Suite J  
South San Francisco, CA 94080

We respect your privacy and will do our utmost to protect your personal information. The personal data given on this application will be electronically processed. Your data will be used exclusively for the purposes of enrollment into the *Archelan Privilege Membership Club*. It will not be used for any other purpose and will not be made available to other companies for commercial use.