



WealthCounsel Rainmakers™ Registration Form

Name of WealthCounsel Rainmakers Registrant _____

Firm Name _____

I hereby authorize WealthCounsel, LLC to charge my credit card account for:

- **A one-time set-up fee of \$195 *immediately*** upon signature of this form.

PLUS

- **\$125 per month** until I choose to terminate my membership in writing prior to the 5th of the month. (*Note: Credit Card payments are processed by the 10th of each month.*)

Credit Card Type:

AMEX

VISA

MasterCard

Name (as it appears on credit card) _____

Billing: Address _____

City _____

State _____

Zip Code _____

Credit Card Number _____

Verif. Code _____

Exp.Date _____

Cardholder Signature _____

Authorization Date _____

Phone: _____

E-mail _____

If you want your Quick Start Kit shipped to an address different than the above, please provide that address.

Return this form by fax to 800.419.3603 or by mail to P.O. Box 44403, Madison, WI 53744

“Thank You For Joining The WealthCounsel Rainmakers™ Program!”