

Empowerment Coaching Program  
**PRACTICAL RESOURCES**  
Enrollment and Membership Agreement

Print and Fax This Completed Form to **1-760-752-3192**

Please enroll me in the Empowerment Coaching Program. I understand that my membership is for a minimum of six-months and that my involvement in the Coaching Program will not be contingent on any assumed results that I may derive from the Coaching Program. I understand that my success in real estate is entirely based on my own efforts and skills, and therefore do not hold the Empowerment Coaching Program and/or Practical Resources responsible for the anticipated growth of my business.

**Name** (please print) \_\_\_\_\_

**Company** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Office Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail Address** (print carefully) \_\_\_\_\_

**Select choice of fees:**

6 monthly payments of \$119.00 per month beginning \_\_\_\_\_

A one-time \$595.00 payment in full beginning \_\_\_\_\_

(By paying the one time fee, I understand that I am essentially paying for five months and receiving one additional month for free.)

**Please charge my fee on the following credit card:**

Account # \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize **Practical Resources** to charge the fee as chosen above to my credit card. I agree to the terms and conditions of the membership above.

Signature \_\_\_\_\_ Today's date \_\_\_\_\_



**Practical Resources**  
2588 El Camino Real, Suite F-197, Carlsbad, CA 92008  
phone: **1-760-752-1709** fax: **1-760-752-3192**