

## MEMBERSHIP FORM

Thank you for making the decision to be a member of the *longlifeclub*. Please fill in this form so that we may provide you with exciting updates and latest developments in medical sciences to empower you to live longer healthier life!

NAME :

GENDER : MALE / FEMALE

DATE OF BIRTH : \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

CONTACT NUMBER :

EMAIL :

MAILING ADDRESS :



**ELIXIR BOTANICA** adds *life* to years  
and not just years to *life*!

# 健康活力