

'Amazing Senior Service'
Mastermind Coaching Program
PEAK PERFORMERS

CONFIDENTIAL NEW MEMBER APPLICATION

Complete Contact Information/Profile:

Name _____ **Spouse Name** _____
Business Name _____
Business Street Address _____
City _____ State _____ Zip _____
Option: Home Street Address _____
City _____ State _____ Zip _____
Business Phone _____ Option: Home Phone _____
Fax _____ Email _____
Years in Current Business _____ Spouse Is active in business: _____ Yes _____ No

Please rank each of the following marketing-oriented items according to the difficulty or challenge they currently represent to you; rank EACH ONE on a 1-5 scale, 1 = insignificant, to 5=Very Significant. ALSO, number the ten most important items to you 1-8, 8=most important of all.

No. Ranking

- ___ Advertising effectively 1 2 3 4 5
- ___ Generating sufficient QUANTITY of clients 1 2 3 4 5
- ___ Controlling costs of advertising, client acquisition 1 2 3 4 5
- ___ Client retention 1 2 3 4 5
- ___ Stimulating repeat business from clients 1 2 3 4 5
- ___ Stimulating referrals from clients 1 2 3 4 5
- ___ Clarifying my USP, Positioning, Marketing Messages 1 2 3 4 5
- ___ Taking advantage of new opportunities, technologies 1 2 3 4 5

Please rank each of the following business and financial-oriented items according to the difficulty or challenge they currently represent to you; rank EACH ONE on a 1-5 scale, 1=Insignificant, to 5=Very Significant. ALSO, number the ten most important items to you 1-6, 6=most important of all.

No. Ranking

- ___ Finding time to implement 1 2 3 4 5
- ___ Getting employees and/or associates "on board" 1 2 3 4 5
- ___ Hiring/training/managing employees 1 2 3 4 5
- ___ Setting, selling and commanding premium 1 2 3 4 5
- ___ Taking a satisfactory amount of time off 1 2 3 4 5
- ___ Having a long-term retirement/exit strategy 1 2 3 4 5

DESCRIBE 3 MAJOR SOURCES OF STRESS, FRUSTRATION OR UNHAPPINESS THAT INTERFERE WITH YOUR PRODUCTIVITY AND ROB YOU OF PEACE OF MIND:

#1: _____

#2: _____

#3: _____

LIST 5 BOOKS THAT HAVE HAD A PROFOUND IMPACT ON YOUR LIFE, AND DESCRIBE MOST SIGNIFICANT INFORMATION AND IDEAS GAINED FROM ONE OF THEM:

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

YOUR SCHEDULE

Number of hours you work, average week _____

Number of hours you'd prefer to work, average week _____

% of work-time you rank as productive _____

No. of hours per week you work "on" vs. "in" your business _____

No. of weeks of vacation taken: 2005: _____ 2006: _____ 2007: _____

No. of weeks of vacation you'd prefer taking: _____

READINESS ASSESSMENT

RANK YOURSELF IN DIRECT MARKETING EXPERIENCE: (Mark one)

____ Very knowledgeable; serious student; very active in using strategies

____ Very knowledgeable; serious student; but not very actively implementing

____ Somewhat knowledgeable; actively implementing

____ Somewhat knowledgeable but not very actively implementing

____ A relative novice

WHY DO YOU WANT TO PARTICIPATE IN THIS MASTERMIND & COACHING PROGRAM? AND, WHY DO YOU THINK YOU ARE A GOOD CANDIDATE? (Answer on attached separate page if you prefer.)

PEAK PERFORMERS MASTERMIND & COACHING Program

Fee Agreement

I, _____ enroll* in the *Peak Performers* MASTERMIND & Coaching Program provided by LTC Expert Publications LLC and authorize the following charge. **I understand that this is a 12-month non-cancelable commitment.**

I warrant the information I have provided on the accompanying Application is accurate.

_____ \$297 monthly beginning upon the first month of acceptance.

_____ \$1089.00 3-Pay Option (*Save 1-month's fee*)

_____ \$2,997.00 Single Pay (*a savings of \$567.00... almost two full month's free*)

I authorize the above charge on the credit card below and understand that there will be an immediate \$200.00 non-refundable deposit for Peak Performers (refundable if my application is not accepted) that will be deducted from my first payment.

This agreement will renew for another year, at the current rate, unless LTC Expert Publications LLC receives written termination by registered mail at LTC Expert Publications LLC 3220 Domain Street, Saint Charles MO 63301.

This agreement is non-cancelable except by LTC Expert Publications LLC
It is understood that this agreement is binding on both parties as written.

Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Name as it appears on card: _____

Billing Address on card: _____

Card Number: _____

CSV: (3 digit number on back of card/ 4 digits for AMEX) _____

Expiration Date: ___/___ **Phone Number:** _____ **Email:** _____

*Subject to acceptance.

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