

CRYONICS IN CHINA

8250 SW 116TH ST, Miami, FL 33156 | Ph (786)206-3184 | Fax (786)250-4468

cryonics@americantranslationservice.com | www.chinacryonics.com

MEMBERSHIP APPLICATION FORM

I PERSONAL INFORMATION				
1. Full Legal Name		2. Date of Birth		3. Place of Birth (City, Province, Country)
4. Mailing Address	Street	City	Province	Zip Code
5. Home Phone	6. Work Phone	7. Cell Phone	8. Email	
9. ID Number	10. Total Year of Education	11. Occupation	11. Employer Name and Address	
12. Father's Name	13. Father's Birthplace	14. Mother's Name		15. Mother's Birthplace
16. What prompted you to apply for membership?				

List your spouse, children, mother, father and sibling. If deceased, write "deceased" and the date of death after the person's name. Please also provide the date of birth for the deceased individual. It is beneficial for us to have the name of your next of kin and feeling for their attitudes about cryonics. Do not delay submission of your application in an attempt to provide all the required data. Relative's Affidavits (not applicable if the relative is a minor) are entirely optional and are sent directly to you for distribution to your relatives at your discretion. We will not contact your relatives unless requested. If the applicant is under 18, all legal guardians must be shown.

II NEXT OF KIN			
1. Name	2. Relation	3. Date of Birth	4. Phones
5. Street Address		City	Province/ Country
5. Zip Code		7. Any comments about his/ her attitude toward cryonics or possible cooperation with us?	
6. Is he/she willing to sign a Relative's Affidavit?		7. Any comments about his/ her attitude toward cryonics or possible cooperation with us?	
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III HEALTH AND EMERGENCY INFORMATION

A. Do you have a personal physician or Health Maintenance Organization? (If not, write "None" and skip to Part B.)

1. Name	2. Hospital	3. Phones (Home and Work)	
4. Street Address	City	Province/ Country	Zip Code
5. To what extent will this person or organization with us?			

B. Medical Information: List all medical problems, including diseases and disabilities, heart or circulatory problems, blood pressure, arthritis, and any psychiatric problems. Please be honest, specific, and detailed. We do not disqualify people on the basis of health. We need this information to enable and enhance your cryopreservation not to deny it. If necessary, please attach a separate sheet labeled "Section III. Health and Emergency Information. Continued. "

Sex (circle): M F Height: Weight: Blood Type:
Health Problems: _____
History of Infectious Diseases (TB, Hepatitis, Aids, etc.): _____
Allergies (including to drugs): _____
Medications currently or recently taken: _____
Identifying scars or notable characteristics: _____
Do you have any artificial applicants, implants or prosthetics? _____
Past medical history (including major illnesses, childhood illnesses, injuries, operations, hospitalizations, etc.)
Are there any hereditary illnesses or tendencies in your family? (Eg> diabetes, heart disease, arthritis or other auto-immune conditions, a specific type of cancer, Alzheimer's Disease, Huntington's Disease, etc)

IV CONTACTS

C. Are there any person or organization we should contact in case of your death or other emergency? Put your "significant other" here if you have a relationship with someone who is not your legal spouse or list close, cooperative friends and nearby cryonicists who might be helpful in an emergency. You may find it useful to provide us with names for your Attorney, Health care representative (Medical Surrogate), the Executor of your estate, or other personal representatives. If necessary, please attach a separate sheet labeled "Section IV. Contacts, Continued."

Name	Phones (home and work)	Purpose for contacting:		
Street Address	City	Province/ Country	Zip Code	
Name	Phones (home and work)	Purpose for contacting:		
Street Address	City	Province/ Country	Zip Code	
Name	Phones (home and work)	Purpose for contacting:		
Street Address	City	Province/ Country	Zip Code	

V WILLS

We do not require that you have a will in order to become a member. However, if you already have a will which has provisions contrary to the goals of cryonics, these provisions may invalidate your Cryopreservation Agreement. If you have a will, it is your responsibility to change it through a new will; otherwise your cryopreservation arrangement may not be valid.

Do you have a will? Yes No If "Yes," does it include any provisions contrary to cryonics? Yes No

VI DECISIONS CONCERNING YOUR CRYOPRESERVATION

These are the specific legal decisions which you must make as part of your Cryopreservation Agreement.

CREMATION AND DISPOSITION OF NON-CRYOPRESERVED PORTION OF HUMAN REMAINS. The non-cryopreserved portion of the Member's remains will be cremated. All Members must make selection below:

<input type="checkbox"/> I wish CRYONICS IN CHINA team to retain or disposed of the cremated portion of my remains as it chooses, consistent with legal requirements (<i>default decision</i>).					
<input type="checkbox"/> I wish the person named below to receive possession of the cremated non-cryo-preserved portion of my human remains.					
<table border="1"><tr><td>Name</td><td>Street Address</td><td>City</td><td>Province/ Country</td><td>Zip Code</td></tr></table>	Name	Street Address	City	Province/ Country	Zip Code
Name	Street Address	City	Province/ Country	Zip Code	
(If this person cannot be located and your next-of-kin refuse to accept your remains, we will scatter them at sea or retain them as it chooses.)					
<input type="checkbox"/> I wish to make other arrangements for disposal of the cremated non-cryopreserved portion of my remains. (Please attach an explanation.)					

CRITERIA FOR CRYOPRESERVATION. You might die under circumstances which would cause considerable damage to your remains. If you wish to specify conditions under which your remains should NOT be cryopreservation, contact our membership coordinator.

<input type="checkbox"/> I wish <i>Cryonics in China</i> to place into cryopreservation any biological remains that they may be able to recover, regardless of the severity of the damage from such causes as fire, decomposition, autopsy, embalming, etc.
<input type="checkbox"/> I wish <i>Cryonics in China</i> to place into cryopreservation any remains of my brain that they may be able to recover, regardless of the severity of damage. If none of my brain tissue is recoverable, do not proceed with my cryopreservation.
<input type="checkbox"/> If no brain tissue is recoverable, I wish <i>Cryonics in China</i> to place into cryopreservation samples of as many organs as are available.

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I/We understand and agree that any controversy or claim arising out of or relating to this Application shall be settled in Clinton Township, Michigan, US by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and judgment upon the award entered by the arbitrator(s) may be entered and enforced by any court having jurisdiction thereof. Additionally, I/we intend that the arbitrator(s) have power to issue any provisional relief appropriate to the circumstances, including but not limited to: temporary restraining orders, injunctions, and attachments. I/we intend that this agreement to arbitrate be irrevocable and agree that the *Cryonics in China* is entitled to injunctive relief to quash litigation should I/we breach this agreement. If Member is unable to sign or is an unemancipated minor or otherwise incompetent, appropriate next of kin and/or Legal Power of Attorney must sign below.

Signature _____

Date _____