SweepSheet®

Membership Order Form

Make check or money order payable to: **Sweep**Sheet • Questions: customerservice@sweepsheet.com

1. Your Information

Full Name _____

Email Address
(Used as your login. Please print clearly) _____

Mailing Address _____

City _____ State / ZIP _____

2. Select Your SweepSheet Membership Plan

Select	Plan	Price (Per Product)	SweepSheet	SweepSheet Mail-Ins Newsletter
☐	1 Week	**$10.00**	☐	☐
☐	1 Month	**$20.00**	☐	☐
☐	3 Months	**$30.00**	☐	☐
☐	6 Months	**$45.00**	☐	☐
☐	12 Months	**$75.00**	☐	☐

3. New Member or Renewal?

□ **New Member** — first time signing up
□ **Renewal** — I have / had a SweepSheet membership before

4. Payment

Please send a check or money order payable to **Sweep**Sheet**.** Amount enclosed: $_____

Mailing Address:

SweepSheet
PO Box 3004
Bella Vista, AR, 72715