

# CRAZY HORSE REVUE

## PLATINUM CARD

### Membership Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I request that you place my name before the management for acceptance as a fully paid up member to the V.I.P. room. If my application is successful I agree to be bound by the rules and regulations in force or as altered here after.

**#PLEASE NOTE#**

*I understand that when my application has been accepted, I am not eligible for a refund of my joining fee.*

NAME \_\_\_\_\_

POSTAL ADDRESS ( *Strictly Confidential* )

\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Proof of Identity \_\_\_\_ yes / no

Profession \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Proposer \_\_\_\_Karen\_\_\_\_\_

Membership Number \_\_\_\_\_

Membership Fee \$430-00

Do you require to be included on the V.I.P. mail list-

This will keep you informed of all up and coming events and attractions.

Yes / No