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CONFIDENTIAL MEMBER PROFILE

Please Print Clearly

Member Number:

Location Number: 31455

Gender: ☐ Female ☐ Male

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other _____

Last Name:

First Name: MI: Apt/Unit:

Address:

City: State: Zip Code:

Home Phone: - - Business Phone: - -

Fax: - -

E-mail Address:

Birth Date: Month: Day: Year: (OPTIONAL) Anniv. Date: Month: Day: Year:

Providing this information constituted your permission for Wade Tours to contact you via mail, email, fax or phone for various updates and notices related to your membership or events at Wade Tours.

Signature: _____

Additional members:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

Last Name:

First Name: MI:

Birth Date: Month: Day: Year:

TODAY'S DATE _____

TODAY'S TOUR _____

OTHER TOURS YOU ARE BOOKED ON _____

_____