

MEMBERSHIP INFORMATION FORM

USE THIS FORM TO JOIN TRIPSTERS, TO RENEW YOUR MEMBERSHIP, OR TO UPDATE INFORMATION ON FILE

SENIOR TRIPSTERS, INC

451 E. BONANZA RD., LAS VEGAS, NV 89101
PHONE: (702) 387-0007

I AM JOINING for first time: [] YES [] No
I AM OVER AGE 50: [] YES [] No
(If YES, Mark YEARS/Rate Line 1, and fill Boxes A, B)
MY SPOUSE is JOINING for 1st time: [] YES [] No [] N/A
(If YES, Mark YEARS/Rate Line 2, and fill Box C^)
My SPOUSE IS OVER AGE 50: [] YES [] No

I'M RENEWING THIS MEMBERSHIP: [] YES [] No
(Mark Years & Box A)
I'M CHANGING MY CONTACT INFORMATION: [] YES [] No
(Fill Applicable Boxes A,B, & C^)
Also Write Change on Notes Line (EX: "See new Address", etc.)

MEMBERS JOINING OR RENEWING ---MEMBERSHIP RATES ARE PER PERSON (* denotes REQUIRED LINE)

*1 MEMBER: [] 1 YEAR: \$7.00 [] 3 YEARS: \$20.00 [] 5 YEARS: \$25.00 *TOTAL PAID: \$ _____
2 SPOUSE: [] 1 YEAR: \$7.00 [] 3 YEARS: \$20.00 [] 5 YEARS: \$25.00 *[] Cash [] Chk# _____

(IF MAILING IN, PAYMENT BY CHECK MUST ACCOMPANY THIS FORM.)

(Note: YOUR LEGAL NAME IS REQUIRED BY HOMELAND SECURITY FOR TRIPS)

A * _____ | * _____ | * _____ | * M F
MEMBER LEGAL LAST NAME MEMBER LEGAL FIRST NAME MI PREFERRED 1ST NAME | GENDER
*MEMBER PRIMARY PHONE NO: () _____ - _____ CELL PHONE NO.: () _____ - _____
MEMBER PREFERRED EMAIL: _____

B *MAILING ADDRESS: _____ APT/UNIT # _____
*CITY: _____ *STATE: _____ *ZIP: _____ - _____

C (^if applicable, complete all lines)
* _____ | * _____ | * _____ | * M F
MEMBER LEGAL LAST NAME MEMBER LEGAL FIRST NAME MI PREFERRED 1ST NAME | GENDER
SPOUSE PRIMARY PHONE NO: () _____ - _____ CELL PHONE NO.: () _____ - _____
SPOUSE PREFERRED EMAIL: _____

SPECIAL NEEDS/ NOTES: _____

OFFICE USE ONLY

If Renewal, CURRENT Expire Date: ___/___/___; NEW EXPIRE DATE: ___/___/___	MBR # (Req.)	IC #
Form Rec'd By: _____ Date Rec'd: _____		
Computer Entry By: _____ Date Entered: _____ (If an Information Change, Trip Sign Up lists must also be updated.)		