

MEMBERSHIP APPLICATION

Name (ca	ardholde	r)				
Address_						
City			State	Zi _l	o	
Phone (home)			(work)			
Air Filter Add-On (\$22 per Filter)						
the r	nonthly t ce of terr	fee will c mination	ontinue is receiv	t, I unders until a w wed. Allow ocessing	vritten w up to	at
Method of Payment: (Please complete and sign)						
	Visa		Ma	asterCar	d	
Account #						
CVV E				Exp. Date		
Your Club Mac Membership will automatically be scheduled for you in the month of:						
				May Nov		
Client Signature			Date			
Client Nar	ne					
Representative			Date			
Initials						

ONE YEAR MEMBERSHIP REQUIRED