

Hotel Loyalty Club Enrollment Form

Please complete this form in block capitals and return it to the front desk to activate your membership.

1. Personal Information

First Name: Last Name:

Date of Birth: Gender:

2. Contact Details

Email Address: Phone Number:

Street Address:

City: State / Province:

ZIP / Postal Code: Country:

3. Stay Preferences

Preferred Room Type:

Bed Type Preference:

Dietary Restrictions / Allergies:

4. Agreement & Signature

By signing below, you agree to the terms and conditions of the Hotel Loyalty Club program.

Applicant Signature: Date:

For Hotel Use Only

Staff Member Name: Loyalty Account Number: