

CLUB VSP 6-MONTH MEMBERSHIP

NEW **RENEWAL** (Member Number _____) Expires ____/____/20____ Preference(s): Rooftop Surface Covered

Name (print clearly): _____ Day Phone: (____) _____

Company: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Membership: INDIVIDUAL \$ 20.00

Add Spouse: \$5.00 (Name: _____)

CORPORATE – # of Members: _____ (1-10: See Reverse Side) \$150.00

ALL MEMBERSHIPS EXPIRE SIX MONTHS FROM PAYMENT DATE. Please mail this completed form to VSP Parking with a business card and a check for the appropriate amount (or provide credit card information below).

VSP PARKING, 2612 N. Hollywood Way, Burbank, CA 91505 Attn: Club Chairman

Visa MasterCard Am/Ex Diners Club Discover

Credit Card #: _____ Exp: _____

Cardholder's Name: _____ Signature: _____