

CLUB VSP MEMBERSHIP

NEW / **RENEWAL**

Member
Number _____

Expires
_____/_____/20____

Check box if you wish to receive a
member sticker for your windshield.

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

Company: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Membership:

1 year 2 years

INDIVIDUAL \$ 45 \$ 75

INDIVIDUAL + SPOUSE \$ 60 \$ 110

(Spouse Name: _____)

Please mail this completed form to VSP Parking with 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 Discover

Credit Card #: _____ Exp: _____

Cardholder's Name: _____ Signature: _____