

# Hotel Program Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please make sure to enclose a processing fee of \$5.95.

Please select payment type:

Enclosed is my check made payable to Consumer Benefit Services, Inc.

Charge to:

Mastercard

Visa

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Send to:

Premier Choice Benefits® • 1620 Bond Street • Naperville, IL 60563

Attn: Hotel Program