CONFIDENTIAL MEMBERSHIP INFORMATION

Business Club

For Office Reference Only		PP/M	STD	SP074/2259

YOUR CURRENT DETAILS (as held in our records)
Membership Number:

UPDATED INFORMATION
PLEASE PRINT updated details in the boxes below

Family Name:

First Name:

Occupation:

Date of Birth:

Nationality:

Preferred Mailing Address:

Post/Zipcode

Country

Is this your Home ❑ or Business Address ❑ *(please x)*

Telephone Number

Home: *Ctry Code* *Area Code*

Business:

Mobile:

Fax Number

Home: *Ctry Code* *Area Code*

Business

Email Address:

By providing an email address you are giving permission for us to email you with information on products and services from Priority Pass and our partners.

Payment Card Type: ❑ Visa ❑ MasterCard ❑ American Express ❑ Diners Club

Payment Card Number: |__,__,__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|
For security we have shown here the last 5 digits of your card.
If this is incorrect please complete your FULL card details opposite.

Card Expiry Date: Month | Year |__|__|__|__|

Payment Card Billing Address:

Post/Zipcode

Country

Signature: ×_____

Date: _____

DECLARATION: I understand that where credit card details have been provided the credit card will be charged with all my Priority Pass fees until such time as I instruct you otherwise in writing.

FAX: + 44(0)7005-982-073 + 44(0)7005-982-108 + 44(0)7005-982-039
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