

Membership Profile - PLEASE PRINT

Name _____
(Main User)

Alternate User _____
(the alternate user is the person that will primarily accompany the Main User)

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Anniversary _____

Birthday (Main User) _____ (Alternate User) _____

E-Mail _____

How Did You Find Us? _____

Date of last stay *(required for us to verify that you are a repeat – approximate date is ok if you do not know exact date)* _____

What name was your last reservation under *(only required if different than the Main/Alternate User)* _____

Signature: _____ Date _____

Your signature acknowledges your acceptance of the program terms and conditions. Click [here](#) to view the Repeat Rewards Rules.

How would you like to pay the \$5.00 Membership Fee?

Check (enclosed) *Please make checks payable to Donna's Premier Lodging*

Bill my Visa, MasterCard, or Discover

_____ Expiration Date: _____

Signature _____

After completing your Membership Profile please mail this form to our office:

Donna's Premier Lodging P.O. Box 307 Berlin, OH 44610

In a few weeks you will receive your Repeat Rewards Membership Card in the mail. Please contact us if you have any questions!