



**CHARLIE JOHNS' TRAIL
MARKER REWARDS PROGRAM
MEMBER FORM**

(office use only)		KEY TAG #:												
4	—	7	5	4	1	0	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>
4	—	7	5	4	1	0	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>

Last Name _____ First Name _____

Address _____ City _____ State ____ Zip _____

Gender M / F Date of Birth ___/___/___ Phone #: ___ - ___ - _____

Email address: _____

Would you like to receive emails for program information or product specials for Trail Marker Rewards Members? Y / N

(NOTE: Charlie Johns will not share email address, phone numbers or other personal information with any 3rd party.)

Total Number in Household _____ Year Round Resident or Seasonal? _____



SECONDARY HOUSEHOLD PARTICIPANT

Last Name _____ First Name _____ Gender M / F

Date of Birth ___/___/___ Email address: _____