

THE Q CARD

NEW MEMBERSHIP FORM













Please fill ALL of your details requested on this form in block capitals to validate your card.

We require this information to register your Quality Inns card and for exclusive emailing of promotions and updates to use at all Quality Inns sites www.quality-inns.co.uk

CARD NUMBER:	817	'300	01/0	0									
FIRST NAME:													
LAST NAME:													
PHONE NUMBER:													
EMAIL ADDRESS:													
MONTH OF BIRTHDAY:													
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FOOD & DRINK:		ACCOMMODATION: CAMPING:											
Please note: Quality Inns will no		_				_	compa ase tick	г	you do	not wis	sh to red	ceive upd	ates
THIS SECTION	ON TO B	E COI	MPLE	TED E	BY TH	E QUA	LITY	INNS	TEAM	IMEN	1BER:		
SITE ISSUED:													
COMPLETED BY:													
DATE:													