



THE CARD

NEW MEMBERSHIP FORM



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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:

Just the last 5 digits

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FIRST NAME:

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LAST NAME:

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PHONE NUMBER:

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EMAIL ADDRESS:

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MONTH OF BIRTHDAY:

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WHICH OF OUR SITES WOULD YOU LIKE TO HEAR NEWS FROM?

GLOUCESTERSHIRE:

DEVON:

BOTH:

WHAT WOULD YOU LIKE TO HEAR ABOUT?

FOOD & DRINK:

ACCOMMODATION:

CAMPING:

Please note: Quality Inns will not share any of your information with any other companies. If you do not wish to receive updates and offers from Quality Inns by email please tick here

THIS SECTION TO BE COMPLETED BY THE QUALITY INNS TEAM MEMBER:

SITE ISSUED:

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COMPLETED BY:

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DATE:

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