



# NEW MEMBER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Last First Middle Initial*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_  
*Month Day Year*

GENDER: (circle one) MALE FEMALE

(WE DO NOT SHARE OR SELL PERSONAL INFORMATION)

<p><b>Membership Level:</b> (check one box ONLY)</p> <p><b>US Residents Only:</b> <input type="checkbox"/> US Premier (\$45.00 USD)</p> <p><input type="checkbox"/> California residents add sales tax (49.28 USD)</p> <hr/> <p><input type="checkbox"/> US Premier Plus (\$55.00 USD)</p> <p><input type="checkbox"/> California residents add sales tax (\$60.22 USD)</p>	<p><b>Outside US (Including Canada):</b> <input type="checkbox"/> International Premier (\$60.00 USD)</p> <hr/>	<p><b>* Please circle T-SHIRT SIZE *</b></p> <p><b>OSFA M L XL XXL</b></p> <p>Babydoll</p> <p><b>Please allow 8-10 weeks for delivery</b></p>
---	---	---

**PAYMENT TYPE (circle one):** CHECK MONEY ORDER CREDIT CARD

I enclose a check or money order number: \_\_\_\_\_ In the amount of \_\_\_\_\_ (IN USD ONLY)

Please make checks or money orders payable to The Metallica Club. If you choose to pay for your order with a check, you must allow 3 weeks for the check to clear before your order is processed. We accept checks in U.S. dollars from a U.S. bank ONLY.

**To our friends outside of the USA:** We accept checks or money orders in U.S. dollars only if your local bank is affiliated with a U.S. bank. We suggest that you contact your local bank for further information about international bank drafts, "swift checks", or money orders used for U.S. dollar transactions. Otherwise, you may want to consider a credit card payment or traveler's checks. We do not accept money transfers. We do not accept checks in any foreign currencies. Please do not send cash. Always include payment with your application.

I request that you enter me as a member of The Metallica Club and send my membership package to the address stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARD HOLDERS DETAILS:** CARD #: \_\_\_\_\_ IMPORTANT! EXP: (MM/YEAR) \_\_\_\_\_

NAME: \_\_\_\_\_

BILLING ADDRESS (if different than above): \_\_\_\_\_

CITY/STATE/ZIP/COUNTRY: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ (IN US DOLLARS)

**Don't forget to add sales tax if you live in California.**

I hereby authorize THE METALLICA CLUB to charge the above amount to my credit card as detailed above.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send your application to: **The Metallica Club, PMB 194, 369-B Third Street San Rafael, CA 94901-3581**

**Or you may fax it to: 415-458-1752**