Mail-in registration form for Arcadia Travelers day trips and membership.

Make Checks out to: Arcadia Travelers Club Inc.

Please print legibly and fill in all information

One form per individual and Trip

Name of Day Trip: _____

Date of trip: _____ **Check#:** _____

Name of Member (First & Last): _____

Meal Choice (If offered); _____

Emergency Contact Info. Name: _____ _____**Phone:** _____

Mail to: Arcadia Travelers Club Inc, 365 Campus Drive, Arcadia, CA 91007

REMEMBER: If you need a membership card for this calendar year, be sure to make out TWO checks to Arcadia Travelers Club, Inc. One for $10 for the membership card and a SECOND check for the trip. We do not accept credit cards. Please do not put cash in the mail.

Your BOARDING PASS and MEMBERSHIP CARD will be mailed to you.

Arcadia Travelers Registration membership form for NEW MEMBERS

Name (First & Last): _____

Address: _____

City/ State and Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Name of Emergency Contact: _____

Phone Number for Emergency Contact: _____

Relationship of Emergency Contact: _____

Office Use Only: Membership Card #: _____ **Date:** _____