

**REPEAT REWARDS**

**member profile**



*We'll always make time for you*

501 E. Lakeway Rd.  
Gillette, WY 82718  
Phone: 307.685.6985  
Fax: 307.685.6988

*Please print clearly*

Phone (will be used as member number): ( \_\_\_\_\_ ) \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year (optional): \_\_\_\_\_

Anniversary Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year (optional): \_\_\_\_\_

Providing this information constitutes your permission to be contacted via mail, email, text, fax or phone for various updates and notices related to your membership or events.

Signature: \_\_\_\_\_

**Additional members**

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Up to three additional members may be written on the back of this form.**

**Comments**

What did you like about your visit? \_\_\_\_\_

Do you have any suggestions for us to make improvements? \_\_\_\_\_

Is it ok if we use you comments in our marketing materials? Yes \_\_\_\_\_ No \_\_\_\_\_

