



BLUE THONG SOCIETY
Phoenix Meet & Greet Event / October 3rd, 2009

REGISTRATION FORM

Member Information (Please Print)

Member No. _____ Chapter Name _____ Non-Member _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email: _____

BADGE INFORMATION

Name (Nickname) on Badge: _____

Chapter Name: _____ City, State _____

Member _____ Director _____ Regional Director _____

PAYMENT METHOD INFORMATION

VISA

MASTERCARD

DISCOVER

Account # _____ 3 Digit Security Code: _____

Signature: _____ Expiration Date: _____

PERSONAL CHECK

To Mail a Check:

**Blue Thong Society
PO Box 231426
Encinitas, CA 92026**

To Fax The Registration:

**Fax to BTS Central
888-675-6886**

**To Scan and Email the Registration:
admin@bluethongsociety.com**