



IFCO

INTERNATIONAL FAN CLUB ORGANIZATION

Club House Membership Form

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State (US Only): _____ Postal / Zip Code: _____

Province (Canada) _____ Country: _____

E-Mail Address: (Membership confirmation must be deliverable to this address.) _____

Daytime Phone Number: _____

Evening Phone Number: _____

Date of Birth: * Month / Day / Year _____

(Example - 11/21/87)

Gender: _____

Select a Password: _____

The cost of joining the IFCO Club House Section is \$25 per year

The cost of registering a Fan Club with IFCO is \$33 per year

Credit Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Phone: (Primary phone for this account) _____

Billing Address: _____

City: _____ State (U.S. only): _____

Province (Canada): _____ Country: _____

Postal / Zip Code: _____

MAIL TO:

International Fan Club Organization (IFCO)

P.O. Box 40328,

Nashville, TN 37204-0328