

PREFERRED RESTAURANTS®
NEW MEMBER Application

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (internal use only) _____
 E-mail (for special offers) _____
 Sponsor's Name _____

Mail to:
 Phoenix Fine Dining Group
 7119 East Shea Boulevard
 Suite 109-669
 Scottsdale, Arizona 85254
 Membership is \$60.
 (+3.95 processing).
 Using this special offer
SAVE \$10, your cost is \$53.95.

To Order By Phone:
 Call **480.481.3000** Monday through Friday, 7AM-4PM

To Order By Mail:
 Enclosed is my check for \$53.95 made payable to:
Phoenix Fine Dining Group
 Please charge \$53.95 to my:
 American Express® MasterCard® VISA® Discover®
 Card Number
 Expiration Date # of Memberships _____
 Signature (required for charge card) _____
 For more information visit our website: phoenixfinedining.com **W**

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GIFT Application

Mail to: Phoenix Fine Dining Group
 7119 East Shea Boulevard Suite 109-669
 Scottsdale, Arizona 85254
 Membership is \$60. (+3.95 processing).
 Using this special offer **SAVE \$10**, your cost is \$53.95.

Recipient Name _____	Purchaser Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (internal use only) _____	Phone (internal use only) _____
E-mail (for special offers) _____	E-mail (for special offers) _____

Please mail to: Recipient Purchaser
 Gift Card Message: _____

To Order By Phone:
 Call **480.481.3000** Monday through Friday, 7AM-4PM

To Order By Mail:
 Enclosed is my check for \$53.95 made payable to:
Phoenix Fine Dining Group
 Please charge \$53.95 to my:
 American Express® MasterCard® VISA® Discover®
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