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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Signature (required for charge card)_____

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PREFERRED RESTAURANTS®
SCOTTSDALE & PHOENIX
Phoenix Fine Dining Group

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 _____

Address _____

City _____ State _____ Zip _____

Phone *(internal use only)* _____

E-mail *(for special offers)* _____

Purchaser
Name _____

Address _____

City _____ State _____ Zip _____

Phone *(internal use only)* _____

E-mail *(for special offers)* _____

Please mail to: Recipient ☐ Purchaser ☐

Gift Card Message: _____

_____

To Order By Phone:
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