## The MODE31 Concierge Services

## **Primary Member Name** First \_\_\_\_\_ Last\_\_\_\_ Initial birthday / **Secondary Member Name** First \_\_\_\_\_ Last \_\_\_\_ Initial birthday / **Home Address** City \_\_\_\_\_ state \_\_\_\_ zip \_\_\_\_ **Business Address (optional)** Business name \_\_\_\_ City \_\_\_\_\_ state \_\_\_\_ zip \_\_\_\_ Initial Contact Number(s) Home \_\_\_\_\_ Home Fax \_\_\_\_\_ =\_\_\_\_ Office \_\_\_\_\_\_ Office Fax \_\_\_\_\_\_ **Emergency Contact** Name Phone \_\_\_\_\_ Children Name \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_/\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_/\_\_\_

Name	Age	Birthday/_	
Staff			
Name			
Phone			
Pets			
Name	Breed		_
Name	Breed		_
Name How would you like to be con			-
☐ home phone ☐ home fax ☐ When would you like to be co		x □ cell □ email □	assistant
$\square$ morning $\square$ afternoon $\square$ e	vening		
Annual Membership Packaç	ge requested:		
☐ The GOLD	\$1,850		
☐ The SILVER	\$7,500		
☐ The MODE31 PLATINUM	VIP*	\$18,500	
Special requirements: Credit card authorization I hereby authorize MODE 31	to charge my credit	card below:	
Please check appropriate cre	dit card type:		
☐ American Express ☐ Disco	over   Mastercard [	□ Visa	
Credit card number			
Exp. Date/			
Credit card holder			
Drivers license number			

Signature	
DateSpecific type of charges, which I auth	norize my credit card to be used:
☐ Request Fees ☐ Membership Fees Authorized users:	Other Charges
Billing address: Name	
City	StateZip
Phone	<u> </u>

A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD IS MANDATORY TO AUTHORIZE APPROVAL.

Please fax back to 404-816-2669. Thank you.

Mail completed application to:

MODE31 CONCIERGE o 404.816.4411 c 404.552.4593 info@mode31.com www.mode31.com 960 East Paces Ferry Rd #218 Atlanta, GA 30303

Or Fax completed application to: ATTN: MODE31 CONCIERGE f 404-816-2669