

Apply here and NOW or Take this home
& Fax application to: 415-354-3413

Assigned Mug # _____



THE ELIXIR Mug Club

2005
Membership
Application date:
____/____/____
Termination date:
____/____/____

All fields are required for application to be accepted.

This information helps us provide you with more. Submission of this application implies that you have also received the complete Benefits & Rules.

Please write LEGIBLY.

Name _____

Nickname _____

Mailing Address _____

Phone Number: _____

Date of Birth: mm/dd/yyyy _____/_____/_____

Email address: _____

Mug Number Choices: 1st _____ 2nd _____ 3rd _____

Favorite Draft Beers: _____

Favorite Bottled Beers: _____

Beers you'd like to see at ELIXIR _____

Favorite Cocktails/Liquors: _____

Favorite Thing About ELIXIR: _____

Least Favorite Thing about ELIXIR: _____

CDs You LIKE on the Jukebox: _____

CDs You'd Like To Hear On The Jukebox: _____

T-Shirt size: S M L XL XXL XXXL

Payment Method (please circle) : \$85 Cash / \$90 Visa / \$90 MasterCard

FOR FAX APPLICATIONS ONLY:

Name as it appears on the card: _____

Card Number _____

Expiration date: ____/____/____

SIGNATURE _____