

The Metallica Club PMB # 194 369-B THIRD ST SAN RAFAEL, CA 94901-3581 FAX 415-458-1752

New Member referred by 10953

NAME:								
ADDRESS:		Last		First			Middle initial	
CITY:	STATE:	ZIP	:	COUNT	RY:			
PHONE:		EMAII	2:					
BIRTHDAY: / Month Day	/ Year	Male	Female	(WE DO NOT	SHARE O	R SELL PER	SONAL INFORM	ATION)
Membership Level:	(check one box ONL)	Y) See back for	or details	* Pleas	se circle	e T-SHIF	RT SIZE *	
USA Residents Only:		SA (Including nal Standard (\$ onal Premier (\$	35.00 USD)	М	L	XL	XXL	
US Premier (\$45.00 USD)				Please	allow 8	3-10 weel	cs for deliver	У
PAYMENT TYPE (circle on			MONEY OF		CREDIT			
I enclose a check or money or Please make checks or money you must allow 3 weeks for th ONLY. To our friends outsic We suggest that you contact y consider credit card payment. include payment with your app	orders payable to T e check to clear befa le of the USA: We our local bank for fu We cannot accept c	he Metallica ore your orde accept checks urther informa	Club. Memb r is processed s in US dolla ation about U	bers, if you cho d. We accept our rs only if your VS dollar transa	bose to pa checks in local ba actions, c	ay for your US dollar nk is affilia otherwise y	s from a US bar ated with a US ou may want to	neck, nk bank.

I request that you renew me as a member of The Metallica Club and send my membership package to the address stated above.

Signature	Date	
CREDIT CARD HOLDER'S DETAILS:	Very Important! EXP: (MM/YEAF	R)
NAME:		
ADDRESS (if different than above): CITY/ST/ZIP:		
(BILLING ADDRESS)		
	AMOUNT: \$.00 (IN U.S. DOLLARS)
I hereby authorize "THE METALLICA CLUB" to charge the abov	e amount to my credit card as det	ailed above.
SIGNED:	DATE:	