



# 2008 Golf Privilege Card®

\$40 (plus processing fee)

Golf Privilege Card Purchases are not tax deductible.

Please mail or fax order form along with payment to:

3801 Lake Boone Trail, Suite 190  
Raleigh, NC 27607  
Fax: 919-856-8530

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## How did you hear about the golf privilege card? **(REQUIRED)**

<input type="checkbox"/> Email from Association <input type="checkbox"/> Magazine – Triangle Golf Today <input type="checkbox"/> Magazine – Triad Golf Today <input type="checkbox"/> Magazine - Other <input type="checkbox"/> Mail – Brochure in Mail <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Previous Purchaser <input type="checkbox"/> Search Engine – Ask Jeeves <input type="checkbox"/> Search Engine – Ask Jeeves <input type="checkbox"/> Search Engine - Google <input type="checkbox"/> Search Engine - Other	<input type="checkbox"/> Website – Lungnc.org <input type="checkbox"/> Website – LungUSA.org <input type="checkbox"/> Website – WRAL.com <input type="checkbox"/> Website – VisitNC.com <input type="checkbox"/> Website – Other <input type="checkbox"/> Word of Mouth – Co-worker <input type="checkbox"/> Word of Mouth - Family <input type="checkbox"/> Word of Mouth - Friend <input type="checkbox"/> Word of Mouth - Other <input type="checkbox"/> Word of Mouth - Other <input type="checkbox"/> Other – Not Listed
---	---

### Billing Information:

### Shipping Information (if Different):

Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone # \_\_\_\_\_

Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone # \_\_\_\_\_

Please Send: \_\_\_\_\_ Golf Privilege Card(s) at \$40 each \$ \_\_\_\_\_  
 Please Send: \_\_\_\_\_ Buy 3 get one free packs at \$120 each \$ \_\_\_\_\_  
 Processing Fee (See Box @ right for amt) \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

**\*\*Processing Fee:**  
 1 to 4 Cards .....\$3.00  
 5 to 10 Cards .....\$6.00  
 11 to 79 Cards.....\$9.00  
 80+ cards.....no fee

**Method of Payment:** Credit Card  Check  Money Order (no cash, please)

**Credit Card Type:**  Visa  MC  Amex  Discover

**Card Number:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on Card (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(Office use only)* Processed by: \_\_\_\_\_ Date Sent: \_\_\_\_\_