



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

New Member referred by 74584

NAME:

ADDRESS: _____
Last First Middle initial

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ EMAIL: _____

BIRTHDAY: _____ / _____ / _____ Male Female (WE DO NOT SHARE OR SELL PERSONAL INFORMATION)
 Month Day Year

<p>Membership Level: (check one box ONLY) See back for details</p> <p>USA Residents Only:</p> <p><input type="checkbox"/> US Standard (\$25.00 USD)</p> <p><input type="checkbox"/> US Standard Plus (\$35.00 USD)</p> <p><input type="checkbox"/> US Premier (\$45.00 USD)</p> <p><input type="checkbox"/> US Premier Plus (\$55.00 USD)</p>	<p>Outside US A (Including Canada):</p> <p><input type="checkbox"/> International Standard (\$35.00 USD)</p> <p><input type="checkbox"/> International Premier (\$60.00 USD)</p>	<p>* Please circle T-SHIRT SIZE *</p> <p>M L XL XXL</p> <p>Please allow 8-10 weeks for delivery</p>
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PAYMENT TYPE (circle one): CHECK MONEY ORDER CREDIT CARD

I enclose a check or money order number: _____ In the amount of \$ _____ .00 (IN USD ONLY)
 Please make checks or money orders payable to The Metallica Club. Members, if you choose to pay for your order with a check, you must allow 3 weeks for the check to clear before your order is processed. We accept checks in US dollars from a US bank ONLY. **To our friends outside of the USA:** We accept checks in US dollars only if your local bank is affiliated with a US bank. We suggest that you contact your local bank for further information about US dollar transactions, otherwise you may want to consider credit card payment. We cannot accept checks in any foreign currencies – sorry. Please do not send cash. Always include payment with your application.

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:

CARD #: _____ Very Important!
 EXP: (MM/YEAR) _____

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 above amount to my credit card as detailed above.

SIGNED: _____ DATE: _____