

PREFERRED RESTAURANTS® NEW MEMBER Application

Name _____
Address _____
City _____ State _____ Zip _____
Phone (internal use only) _____
E-mail (for special offers) _____
Sponsor's Name _____

Mail to:
Erie Fine Dining Group
317 West Sixth Street
Erie, PA 16507
Membership is \$50.

To Order By Phone:
Call 814.453.6921 Monday through Friday, 9AM-6PM

To Order By Mail:
 Enclosed is my check for \$50 made payable to:
Erie Fine Dining Group
 Please charge \$50 to my:
American Express® MasterCard® VISA® Discover®
Card Number
CID _____ Expiration Date
of Memberships _____
Signature (required for charge card) _____

For more information visit our website: eriefinedining.com

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PREFERRED RESTAURANTS® GIFT Application



Mail to: Erie Fine Dining Group
317 West Sixth Street • Erie, PA 16507
Membership is \$50.

Recipient Name _____	Purchaser Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (internal use only) _____	Phone (internal use only) _____
E-mail (for special offers) _____	E-mail (for special offers) _____

Please mail to: Recipient Purchaser

Gift Card Message: _____

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For more information visit our website: eriefinedining.com
or email: eriefinedining@verizon.net

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PREFERRED RESTAURANTS® GIFT Application



Mail to: Erie Fine Dining Group
317 West Sixth Street • Erie, PA 16507
Membership is \$50.

Recipient Name _____	Purchaser Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (internal use only) _____	Phone (internal use only) _____
E-mail (for special offers) _____	E-mail (for special offers) _____

Please mail to: Recipient Purchaser

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For more information visit our website: eriefinedining.com
or email: eriefinedining@verizon.net

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