

Exotic Access Membership Application

Print application

Complete application

Fax or Mail to: Exotic Access LLC, 2303 R. R. 620 Suite 135 – 202 Lakeway, TX 78734 (Please enclose check in the amount of \$125.00 for the one-time application fee, and make payable to Exotic Access Club. Fax 1-512-366-8103

Name- First _____ M.I. _____ Last _____

Home address- Street _____

City _____ State _____ Zip _____

Business address- Street _____

City _____ State _____ Zip _____

Preferred address for receiving mail (circle one) home business

Employment Information

Employer _____
Company Title Years

Phone- Home(_____) _____

Phone- Work (_____) _____

Phone- Cell (_____) _____

Email address _____

Date of Birth ____/____/____
Month Day Year

Drivers License # _____ State _____

SSN _____ - _____ - _____

(____) Check if you would you like your spouse to be able to drive.

Spouse's Name- First _____ M.I. _____ Last _____

Spouse's SSN _____ - _____ - _____

Spouse's Drivers License # _____ State _____

Personal Reference 1

Name _____

Address _____

Phone (_____) _____

Fax (_____) _____

Personal Reference 2

Name _____

Address _____

Phone (_____) _____

Fax (_____) _____

Emergency Contact Information

Name _____

Phone (_____) _____

Mobile (_____) _____

I confirm that the above information is correct and hereby authorize Exotic Access Membership Club to perform a driver's history, credit check, and any/all searches necessary to satisfy the membership guidelines of Exotic Access and the insurance providers.

_____/_____
Signature Date

_____/_____
Spouse Signature (if applicable) Date