Tako Grill Loyalty Card Application Form

Name_____
First Middle Last Birthday mm/dd

Address_____
Street City State Zip

Telephone_____
Home Cell

E-mail_____

.....

OFFICE USE

_ New Membership __Renewal __Information Update

Paid $ __ __.__ __ Date ___ ___ / ___ ___ / ___ ___

Membership Number 000007 __ __ __ __ __

Expiration Date __ __ / __ __ / __ __

Manager _____