



LAKANI TRAVEL CLUB (LTC)
2009 / 2010 APPLICATION FORM

Name 1 _____
Last First Middle Mr. Mrs. Ms. Dr.

Name 2 _____
Last First Middle Mr. Mrs. Ms. Dr.

Primary Address: _____
Street Apt. No.

City State Zip

() ()
HOME Phone BUSINESS Phone Email Address

Secondary Address: _____ Street Apt. No.
City State Zip
Dates at Secondary Address: _____

TRAVEL PROFESSIONAL NAME: _____

TRAVEL AGENCY: _____

Previous **Lakani** tours:

My next **Lakani** tour is: _____

Please check desired membership term: <input type="checkbox"/> \$100 per person one-year membership <input type="checkbox"/> \$250 per person five-year membership <input type="checkbox"/> \$500 per person life-time membership
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Authorized Amount: \$ _____
Name on Charge Card: _____
Charge Card No. _____ Expiration Date: _____

Please return completed application and payment to:

Lakani World Tours
1300 Bristol St. North, Suite #100
Newport Beach, CA 92660
Phone: 949 / 955.1300 888 / 565.5554
FAX: 949 / 955.1311