DREAMTRIPS INTERNATIONAL

MEMBERSHIP APPLICATION FORM

USA

Customer Information		DATE OF BIRTH (MUST BE 18)				
FULL NAME (LAST, FIRST, MIDDLE)		MIDDLE	MM	00	YY	
LAST		CITY		STATE	ZIP	
BILLING ADDRESS (NO P.O. BOX)						
SHIPPING ADDRESS (IF DIFFERENT FROM BI	ILLING ADDRESS)					
PHONE	MOBILE		EMAIL	(REQUIRED)		
Product Selection (please ch	heck one of the follow	wing mem	bership option	s below):		
☐ DreamTrips Gold Membership: Init	ial Enrollment Fee	-				
DreamTrips Platinum Membership	: Initial Enrollment Fee					
DreamTrips Titanium Membership						40000000
*Monthly Membership Fees are reoccurring and aut Gold, Platinum and Titanium. Members may change	tomatically charged to payment is	information on f	lie. Initial and first mon	th's Fees are charged at the t	me of registration for I	DreamTrips
Choose ONE Method of P	ayment					
OPTION A IPAYOUT/EWALLET: YO	U WILL RECEIVE AN EMAIL	TO ACTIVATE	AND FUND YOUR	IPAYOUT/EWALLET ACC	DUNT AND COMPL	ETE
YOUR ENROLLMENT.						
OPTION B: CHECK ONE CREDIT O	CARD AS YOUR PRIMARY PA	AYMENT	VISA W	MASTERCARD I	■ AME	×
CARD NUMBER		E	XPIRATION DATE	3-OR-4 DIGIT SECURITY	CODE	
			MM YY			
NAME ON CARD	BILLING ADDRESS			CITY	STATE Z	ZIP
Have you ever been a DreamTrips Member? Yes / Month: Year		revious ID No.:	ly:			
ACKNOWLEDGEMENT				the I with a long Toler		
I have read the Terms and Conditions listed here card or eWallet account identified above, for all o in full force and effect unless I provide written in Conditions on the reverse of this Application. You cancellation below). After the cancellation period	orders selected above, and cert notification to DreamTrips Intern u may cancel this transaction at	tify that I am an national within it any time prior	authorized user of the 5 business days of m to midnight on the thi	e credit card or eWallet according to the control on the control of the control of the card of the car	unt. This authorization erwise provided in the te of this transaction (s	e Terms a
APPLICANT SIGNATURE			DATE			
NOTICE OF CANCELLATION: You may CAN if you reside in Alaska, 30 days if you resid traded in, any payments made by you unde following receipt by the seller of your cancemake available to the merchant at your residence you may if you wish, comply with the inside not agree to return the goods to the merchant or dispose of the goods without any	te in Kentucky, 7 days if you er the contract of sale, and a cellation notice, and any sec idence, in substantially as go structions of the merchant of erchant or if the merchant do	u reside in Vi any negotiab curity interes ood condition regarding the	rginia and 15 days ie instrument execut arising out of the as when received, return shipment of	If you reside in Wisconsing the control of the control of the control of the goods delivered to you find the goods at the merch	n). If you cancel, an ed within 10 BUSIN elied. If you cancel ou under this contra ant's expense and	y proper NESS DA' I, you mu ract or sa risk. If y
INTERNAL USE ONLY:						
ENROLLER NAME			The second second	ID# OR USERNAME		
Tissa Godavitarne			301669	9918		
Too Coo	py - For Company Only		Botto	m Copy - Customer Copy		