



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 _____