

PRIORITY PASS ENROLMENT FORM

Please use block capitals and black ink

Yes, I would like to become a member of Priority Pass, the world's largest independent airport lounge access programme.

BASIC CARDMEMBER PERSONAL DETAILS

Title Mr  Mrs  Miss  Ms  Other

First name

Surname

Address

P.O. Box

City

Country

Home Tel. No. (include area code)

Business Tel. No. (include area code)

Fax No.

E-mail

Cardmember's name (as it appears on the Card)

Card billing address (if different from above)

P.O. Box

City

Country

Platinum Card Number

Expiry date

I instruct you to charge lounge usage fees for my accompanying guests, when received, at the prevailing rate – currently US\$ 27 per person, per visit, to my Platinum Card. Renewal terms and conditions are at the discretion of Priority Pass Ltd. I agree to abide by the conditions of use as contained in the lounge directory.

Platinum Cardmember Signature  X Date

\* Priority Pass has the right to refuse membership to people who are employed by or contracted to an airline, airport of the government in respect of airline/airport security.

