



LOU'S LID ALLIANCE - OFFICIAL ENROLLMENT FORM

NAME: _____ PHONE: (____) _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

Please tell us the best way to communicate with you:

- Phone
- Text Message
- Email Address
- FACEBOOK
- TWITTER (please provide Twitter handle: @_____)

I would like my lids

- Picked up at the Sweets Shoppe in Walla Walla
- Shipped to my address (shipping will add \$8.50 per shipment to your membership fee)

CURRENT FITTED HAT SIZE: _____

PAYMENT PLAN:

- PAY AT ONCE - \$110.00 (plus applicable 8.9% sales tax)
- AUTO-PAY - \$120.00 (\$30/quarter) (plus applicable 8.9% sales tax)

Credit Card Information

Card Type (select one): VISA MASTERCARD DISCOVER

Name on Credit Card: _____

Billing Zip Code: _____ Security Code: _____

CARD #: _____ Exp. Date: _____

Signature: _____

By signing, you authorize that you are enrolling in the Lou's Lid Alliance hat club. You also authorize the Walla Walla Sweets to charge your credit card for applicable Lou's Lid Alliance purchases, up to and including product, sales tax and shipping/handling. You recognize that these hats are custom order, and are not subject to the Walla Walla Sweets return policy and that all sales are final. All return checks are subject to a \$25 return check fee in addition to full payment.

****For office use only****

Date Joined: _____ Date of First Hat: _____ Payment Type: Cash/CC/Check

Please remember to staple receipt to enrollment form.