



East Side Restaurant
**Stein Holders
Mug Club
Association**

Membership
Application date
____/____/____

All fields are required for application to be accepted.

This information helps us provide you with more. Submission of this application implies that you have also received the complete Benefits & Rules.

Please write LEGIBLY.

Name _____

Mailing Address _____

Phone Number: _____

Date of Birth: mm/dd/yyyy _____ / _____ / _____

Email Disclaimer: Your email is safe with us. If you do not provide us with your email address, we will not be able to send you special offers, newsletters, etc. It will be used as a private list for special offers and events. It will not be sold or used by anyone outside of Eastside Restaurant Management.

Email address: _____

Mug Number Choices: 1st _____ 2nd _____ 3rd _____

Favorite Draft Beers: _____

Signature _____

Date _____

For Office Use Only

Payment Method (please circle) : \$85 Cash / CC

Assigned Hook # _____

Assigned Card # _____