

Take home or apply here and NOW!



East Side Restaurant
Stein Holders
Association

Membership
Application date
____/____/____

All fields are required for application to be accepted.

This information helps us provide you with more.

Please write LEGIBLY.

Name _____

Mailing Address _____

Company Name _____

Phone Number: _____

Providing Company Logo. YES _____ NO _____

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: _____

Locker Number Choices 1-72: 1st _____ 2nd _____ 3rd _____

Signature _____

Date _____

For Office Use Only

Payment Method (please circle) : \$500 Cash / CC / Check

Assigned Locker # _____

Lock & Key # _____