

Donita's Vacations Unlimited, Inc.

Membership Enrollment Form

(Please Print or Type)

Date: _____ Resort: _____

Name (S)

(1) _____ (2) _____

Last

First

Last

First

Street Number

Street Name

Apt/Unit #

City

State

Zip

Country

Home Telephone

Work Telephone

Cell #

Fax

Ownership Details

Resort Name

Resort Location

Ownership Type

Fixed Week Week# _____ Floating _____ Anniversary Date _____

Annual _____ BiAnnual _____ Odd/Even _____ Points _____

Size _____ Studio _____ 1 bedroom _____ 2 Bedroom No of week owned _____

I own at other Resorts _____

(1) _____ (2) _____

Signature

Donita's Vacations Unlimited, Inc.

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