



AGS Elite Rewards Program Application

Name _____ **Telephone** _____ **Email** _____

Company _____

Address _____

City _____ **State** _____ **Zip Code** _____

Cell phone # _____ **Alt phone #** _____

Do you have a handicapped license plate or placard? **Yes** **No**
Are you a Thanks Again Program Member? **Yes** **No**

VEHICLE MAKE _____ **MODEL** _____ **TAG #** _____

VEHICLE MAKE _____ **MODEL** _____ **TAG #** _____

Start Date _____ **DEPOSIT PAID** _____

Issued by _____ **DEPOSIT REFUND** _____

Credit Card Type _____ **Credit Card Number** _____

Expiration Date _____ **Security Code** _____

Billing Zip Code _____

Membership Level (Rate is charged Monthly):

Prime	Elite Suite Only	\$30	<input type="checkbox"/>
Executive	Elite Rewards Parking Only	\$100	<input type="checkbox"/>
VIP	Elite Rewards Parking & Elite Suite	\$115	<input type="checkbox"/>

I understand and will follow the requirements for the Augusta Regional Airport's Elite Rewards Program. I will update the above information if anything changes.

Printed Name

Date

Signature