



Membership Application

Name: _____ Last 8 digits of Wildcard # _____

Campus Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Campus Phone #: _____

Home Phone #: _____

Driver's License #: _____

Additional Members: _____

Credit Card: Visa / Mastercard

Credit Card #: _____ Exp: _____

Signature: _____

Attention! By signing this application, the customer agrees that **Reel Divine Video** may charge any outstanding balances (overdue charges for video rentals that were returned late, payment for videos damaged by customer, etc.) to the customer's card if payment has not been received after thirty (30) days.