



Disney Dining Experience
MEMBERSHIP APPLICATION
For ANNUAL or SEASONAL PASSHOLDERS

New Membership Renewal Exp. Date: _____ Lost/Replacement Card

Member Information:

Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
(H) Phone Number: _____ (W) Phone Number _____
Email Address: _____ Birthday: _____

Check one:

Membership Type (check one):

- New Membership: \$65.00**
Annual Pass Number or Seasonal Pass Number: _____
- Card Renewal within 30 days of expiration: \$65.00**
Annual Pass Number or Seasonal Pass Number: _____
- Lost/Replacement Card: \$25.00**
Annual Pass Number or Seasonal Pass Number: _____
- Spouse Card: \$25.00**
Spouse Name: _____ Birthday: _____

Order Total: \$ _____

Payment Information

Your credit card will be debited for the amount of the *Order Total* once your credit is approved.

Credit Card Information:

Name As It Appears On Card: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____

Type: Visa MC AMEX DISC Disney Visa Rewards

Card #: _____

Expire Date: _____

Cardholder's Signature: _____

Check Information:

Please make checks payable to **Disney Dining Experience**.

Check Number: _____

Please mail this form, along with your check or credit card information, to:

Disney Dining Experience
P.O. Box 10000
Lake Buena Vista, Florida 32830

You may also fax this form (credit cards orders only) to: **407-560-3764**

Thank you for your interest in the Disney Dining Experience! Once we receive your order you will receive an Email notification. Your card and a list of participating Table-Service restaurants will be mailed to you within 3-6 weeks. The Disney Dining Experience Membership card is valid for 1 year. The validation period starts from the date when the card is mailed to the recipient. Prices are subject to change without prior notice. If you have any questions, please contact us at 407-566-5858.