



# FLAGS.COM SILVER STAR MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

E-mail:

Phone:

Address:

City:

State:

ZIP Code:

## MEMBERSHIP INFORMATION

Application Date:

Number of Orders:

CUSTID #\*:

\*Can be found on any e-mail confirmation, invoice, or packing slip.

OFFICE USE ONLY

**NOTES**

OFFICE USE ONLY

## OTHER MEMBERS IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

## SIGNATURES

I authorize that I have this information is correct to the best of my knowledge.

Signature of Applicant:

Date:

## SUBMIT YOUR APPLICATION

Via E-mail  
customerservice@flags.com

Via Snail Mail  
1395 NW 17<sup>th</sup> Ave #112B  
Delray Beach, FL 33445

Via Fax  
(561) 404-4954