

LCO Party Club Membership Application Join the Party!



PLEASE PRINT CLEARLY

Name: _____ *

SS#: _____ *

Spouse's Name: _____

Spouse's SS#: _____

Address: _____ *

City: _____ *

State: _____ * ZIP: _____ *

Phone Number: _____

Your Birthday: _____ * Spouse's Birthday: _____

Anniversary: _____

E-mail Address: _____

What are your favorite getaway activities?

- Fishing Water Sports Dining Out Hunting Boxing
 Golf Snowmobiling Craft Shows NFL Football Motor sports
 Other: _____

Live Entertainment (Please specify below)

- Classic Country Old Rock Blues Jazz
 New Country New Rock Big Band Comedy

How did you hear about LCO Casino?

- Billboard Newspaper Radio Brochure TV
 Tourist Office Magazine Friend Internet
 Other: _____

***Required Fields (Also required for spouse if applicable)**