



**DRINK OUR BEER**  
**MUG CLUB APPLICATION**

**PLEASE WRITE CLEARLY!**

Full Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Birthday \_\_\_\_\_

Anniversary \_\_\_\_\_

I have read the terms and conditions of membership and agree to abide by them. I am at least twenty-one years of age. I understand that my membership is not transferable. To allow someone other than myself to use my membership privileges is grounds for termination of membership without a refund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Office use only</b>	
Date of receipt: _____	<b>Member Number</b> _____
Accepted By: _____	Method of payment _____
Renewal <input type="checkbox"/>	New Member <input type="checkbox"/>

**SCHILLINGBRIDGE CORK & TAP HOUSE**  
**575 FALLBROOK BLVD. STE 109 LINCOLN, NE 68521**  
**402-904-7161**  
**[www.SchillingBridgeCorkandTap.com](http://www.SchillingBridgeCorkandTap.com)**