



## Welcome to the club

Membership includes up to two adults, over the age of 18, in the same household.

### MEMBER 1

Mr.  Mrs.  Ms.  Miss

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
Mo / Day / Yr

Yes, I'd like to receive e-mail offers and promotions from Celebrity Cruises®.

E-mail Address \_\_\_\_\_

### MEMBER 2

Mr.  Mrs.  Ms.  Miss

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
Mo / Day / Yr

Yes, I'd like to receive e-mail offers and promotions from Celebrity Cruises®.

E-mail Address \_\_\_\_\_

### MAILING ADDRESS FOR BOTH MEMBERS

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

### CRUISING HISTORY

When did you last sail with Celebrity?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
Mo / Day / Yr Ship Name

How many times have you sailed with Celebrity? \_\_\_\_\_

When are you most interested in cruising with Celebrity again? (check one)

- 0-3 months  13-18 months  
 4-8 months  More than 18 months  
 9-12 months  Don't know

How many cruises, on any cruise line, have you taken in the past five years? (check one)

- 0  1  2-3  4+

How many times have you cruised on the following cruise lines?

- |  |  |
|--|--|
| <input type="checkbox"/> Carnival        | <input type="checkbox"/> Norwegian                     |
| <input type="checkbox"/> Costa           | <input type="checkbox"/> Seabourn                      |
| <input type="checkbox"/> Cunard          | <input type="checkbox"/> Silver Seas                   |
| <input type="checkbox"/> Crystal         | <input type="checkbox"/> Princess                      |
| <input type="checkbox"/> Disney          | <input type="checkbox"/> Royal Caribbean International |
| <input type="checkbox"/> Holland America | <input type="checkbox"/> Other                         |

Where would you like to cruise? (check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Alaska       | <input type="checkbox"/> Europe                                 |
| <input type="checkbox"/> Bermuda      | <input type="checkbox"/> Hawaii                                 |
| <input type="checkbox"/> Panama Canal | <input type="checkbox"/> Canada/New England                     |
| <input type="checkbox"/> Caribbean    | <input type="checkbox"/> South America                          |
|                                       | <input type="checkbox"/> Mexican Riviera/<br>Coastal California |

**After completion, please mail this form to:**

**Suite 2008-9, Tower 6, The Gateway,  
9 Canton Road, Tsimshatsui,  
Kowloon, Hong Kong**

**or Fax to 34435033**