



## LOYALTY CASH BACK PROGRAM ENROLLMENT FORM

Congratulations! Your purchase of a vacation membership today includes the Vacation SafeGuard Loyalty Cash Back Program, offering a fully protected 100% Cash Back Option.

By signing below, you acknowledge that this Loyalty Cash Back Program, including all benefits, is administered and managed independently by Vacation SafeGuard Limited, and not Club Ancora where you purchased your membership. You therefore also agree to hold harmless Club Ancora from any and all claims for benefits associated with the Loyalty Cash Back Program and fully understand that all redemptions of Cash Back Options will be issued directly by Vacation SafeGuard Limited.

Vacation SafeGuard herein offers to you, the Beneficiary, the right to participate in the Loyalty Cash Back Program that obligates Vacation SafeGuard to pay you the full purchase amount detailed below, with no additional fees to register, maintain or exercise your option, subject to the terms and conditions and definitions available online at [www.safeguardmembers.com/terms](http://www.safeguardmembers.com/terms). The right to participate in this program carries no separate monetary value. You will be sent confirmation of enrollment via email and we request that you use the information provided to log in at [www.safeguardmembers.com/login](http://www.safeguardmembers.com/login) within 60 days to accept, verify and maintain your details throughout the program term. By accepting the right to participate in this program, you understand, acknowledge and agree to be bound by the Terms & Conditions in their entirety.

MEMBER INFORMATION		
Lead Member Name:	Date Of Birth:	
Lead Member Email Address:		
Home Address:		
City:	State / Province:	Zip / Postcode:
Country:	Mobile:	Landline:
Additional Member Name:	Date Of Birth:	

PROGRAM INFORMATION	
Club Name:	Location:
Total Sales Price:	Date Of Sale:
SafeGuard Cash Back Amount:	Program Term:
Authorized By:	

SIGNATURES	
I hereby agree to be enrolled in the Vacation SafeGuard Loyalty Cash Back Program in accordance with all terms and conditions contained herein. I acknowledge that all of the information above is accurate, and that I have received a copy of this application.	
Lead Member:	Date:
Additional Member:	Date: