



# Fast Pass Club Registration

1

Fill out this form.

2

Bring it to your local Twins Express

3

Activate your membership!

First Name:

Last Name:

Email:

Contact Number:

Billing zip code:

Last 4 digits of  
debit/credit card:

## Vehicle Details

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Tag Number:

## Signature

By signing below, you agree to have your debit or credit card charged each month for the price of your plan until cancellation.

Signature

Date