



Membership Form

Please complete all fields in order to become a member of TeamCeline.

Your registration to TeamCeline constitutes acceptance of our Terms and Conditions of TeamCeline membership. You may view our terms and Conditions from the "Sign Up" page of www.teamceline.com or from the Customer Care section of www.celinedion.com.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Country Code: _____ Area Code: _____ Phone Number: _____

Email Address: _____

Language Preference: English French

Optional: Birth Date (dd/mm/yy): _____ Sex (M/F): _____

How did you hear about TeamCeline? A Friend celinedion.com Another website

One of Celine's CDs Letter received in the mail Other, Please Specify: _____

Membership Term (Please check box)

1 Year \$40*

- I understand that my membership is NON-REFUNDABLE
- I understand that there is a limit of two TeamCeline tickets or two TeamCeline packages per member per year and that TeamCeline tickets & packages are Will Call only and must be picked up at the venue on the night of the show.
- I understand that Ticket/package availability is on a first come, first served basis only and that a TeamCeline membership does not guarantee ticket/package availability.
- I agree to the TeamCeline Terms and Conditions of TeamCeline membership as outlined on www.celinedion.com and www.TeamCeline.com.

Method of Payment (Please check box)

Visa Mastercard AMEX Card #: Expiry:
m m y y

Check (U.S. funds only) Money Order (U.S. funds only)

Card Holder's Name: _____

Card Holder's Signature: _____

*All prices quoted are in U.S. dollars. Membership prices are subject to change.
Please allow 10 to 12 weeks for delivery of membership package.

Please forward the completed form to:

TeamCeline Membership, 5391 Three Notched Road, Crozet, VA 22932, USA

For Administrative Use Only
Date received:
Entered on:

Thank you and we look forward to welcoming you as a new TeamCeline member!