



ENCLOSE \$50 FEE

Previously unregistered travel clubs should return this completed statement to:  
Missouri Attorney General's Office • Attention: Consumer Protection • P.O. Box 899 • Jefferson City, MO 65102

## Travel Club Information

NAME OF TRAVEL CLUB \_\_\_\_\_ PHONE NO. (□□□) □□□-□□□□

NAME UNDER WHICH TRAVEL CLUB INTENDS TO DO BUSINESS, IF DIFFERENT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip County

NAME OF PARENT OR AFFILIATED ORGANIZATION THAT WILL ENGAGE IN BUSINESS WITH THE PURCHASER OF TRAVEL BENEFITS OR ACCEPT RESPONSIBILITY FOR STATEMENTS OR ACTIONS RELATING TO TRAVEL CLUB. BRIEFLY DESCRIBE TRAVEL CLUB MEMBERSHIPS OFFERED FOR SALE.

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IF OPERATING UNDER A FICTITIOUS BUSINESS NAME, LIST LOCATION WHERE FICTITIOUS NAME IS REGISTERED AND THE SAME INFORMATION FOR PARENT OR AFFILIATED ORGANIZATION LISTED ABOVE.

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NAME AND ADDRESS OF REGISTERED AGENT IN MISSOURI.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip



TYPE OF BUSINESS THE TRAVEL CLUB IS AND PLACE OF ORGANIZATION. IF AN ENTITY, ATTACH FORMATION AND GOVERNING DOCUMENTS, INCLUDING ARTICLES OF ORGANIZATION, BYLAWS, OPERATING AGREEMENTS AND PARTNERSHIP AGREEMENTS.

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ADDRESSES WHERE TRAVEL CLUB WILL OFFER MEMBERSHIPS FOR SALE.

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LIST THE NAME, POSITION AND HOME ADDRESS OF ALL PRINCIPAL OWNERS, OFFICERS AND DIRECTORS OF THE TRAVEL CLUB.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing initial registration statement of a travel club, as required by section 407.1243, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.1240 through 407.1252, RSMo.

Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Enclose \$50 check for registration fee. Make check payable to "Merchandising Practices Revolving Fund".**

## Notary

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_