



Pettis Perks Program Membership Form

Name: _____

Address: _____

City: _____ ZIP _____

Email: _____

Phone: _____

I own: *(Please check all that apply)*

Above Ground Pool _____ Inground Pool _____ Hot Tub _____ Softub _____
Sauna _____ Patio Furniture _____

I'm Interested In: *(Please check all that apply)*

Above Ground Pool _____ Inground Pool _____ Hot Tub _____ Softub _____
Sauna _____ Patio Furniture _____ Educational Seminars _____

Thank you for choosing Pettis!