



Trip Routing request form

Assist24[®]

YES, I would like to request a Assist24[®] Trip Route.

Complete this Trip Routing Request Form and mail today. You should receive your personalized Trip Routing Planner within 7 to 10 days from receipt of this request.

Departure Date: _____

Leaving from: **City** _____ **State** _____
 Most direct route Scenic route

Destination: **City** _____ **State** _____

Stop No. 1: City _____ State _____

Stop No. 3: City _____ State _____

Stop No. 2: City _____ State _____

Stop No. 4: City _____ State _____

Please print clearly.

Name _____ Membership Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

From time to time we may send you information about benefit updates, renewal alerts or savings opportunities available to members only. Your e-mail address remains confidential and will never be shared with anyone without your permission.

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