

THE Club CombinationsSM Exchange Form

One exchange form per accommodation/week. To access this form for online authorization click here.

Owner Information

FIRST NAME	LAST NAME	LAST NAME	
ADDRESS	CITY	STATE ZIP	
HOME PHONE	WORK PHONE	FAX	
THE CLUB® MEMBER #	E-MAIL		
Accommodation Authorization Information			
The following resorts qualify for exchange: Interv THE Club® reserves the right to accept or deny ar		. In addition, the manager of	
I authorize THE Club® at Diamond Resorts Interna	ational® to verify my accommod	dation/week information at:	
RESORT NAME	RESORT CODE	RESORT CODE	
RESORT PHONE	RESORT FAX		
RESORT ADDRESS	RESORT CITY	STATE ZIP	
☐ Interval International· AFFILIATION (CHECK ONE)	ARRIVAL DATE (MM/DD/YYYY)	DEPARTURE DATE (MM/DD/YYYY)	
HIGH MID LOW SEASON (CHECK ONE)	ARRIVAL YEAR	CONFIRMATION NUMBER	
Exchange forms should be submitted no less than 6 m	nonths and no more than two yea	rs from the arrival date.	
ACCOMMODATION #		edroom 3 Bedroom Bedroom 4 Bedroom	
Print and Mail Authorization	, ,	es I am legally entitled to relinquish all associated fees must be paid for	
Print and fax this form to 1.702.765.8722 or mail this form to:	the year I am depositing. Fu will I commit, this accommo	the year I am depositing. Furthermore, I have not committed, nor will I commit, this accommodation for the use year indicated for any use other than THE Club* at Diamond Resorts International*.	
THE Club®			
c/o Diamond Resorts International* Attn: Club Inventory Dept. 10600 West Charleston Boulevard	OWNER(S) NAME(S)		
Las Vegas, Nevada 89135	RESORT OWNER ID	DATE	
	OWNER(S) SIGNATURE(S)		

