



THE CLUBSM SELECT EXCHANGE MAIL AND FAX FORM

One exchange form per accommodation week. To access this form for online authorization click [here](#).

Owner Information

_____ FIRST NAME	_____ LAST NAME		
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE	_____ WORK PHONE	_____ FAX	
_____ THE CLUB SM MEMBER #	_____ E-MAIL		

Accommodation Authorization Information

The following resorts qualify for exchange: Interval International[®] resorts during red or yellow season or RCI[®] resorts during red or white season. In addition, the manager of THE ClubSM reserves the right to accept or deny any exchange.

I authorize THE ClubSM at Diamond Resorts International[®] to verify my accommodation/week information at:

_____ RESORT NAME	_____ RESORT CODE		
_____ RESORT PHONE	_____ RESORT FAX		
_____ RESORT ADDRESS	_____ RESORT CITY	_____ STATE	_____ ZIP
<input type="checkbox"/> Interval International [®] AFFILIATION (CHECK ONE)	<input type="checkbox"/> RCI [®]	_____ ARRIVAL DATE (MM/DD/YYYY)	_____ DEPARTURE DATE (MM/DD/YYYY)
<input type="checkbox"/> Premier/Select RATING (CHECK ONE)	<input type="checkbox"/> Other (II)	<input type="checkbox"/> Gold/Silver Crown	<input type="checkbox"/> Other (RCI)
<input type="checkbox"/> Red (II) SEASON (CHECK ONE)	<input type="checkbox"/> Yellow (II)	<input type="checkbox"/> Red (RCI)	<input type="checkbox"/> White (RCI)
_____ ACCOMMODATION #	_____ ARRIVAL YEAR		
	_____ CONFIRMATION NUMBER		

Exchange forms should be submitted no less than 6 months and no more than one year from the arrival date.

_____ ACCOMMODATION #	<input type="checkbox"/> Efficiency	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 3 Bedroom
	<input type="checkbox"/> Studio	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 4 Bedroom
	_____ ACCOMMODATION TYPE		

Print and Mail Authorization

Print and fax this form to 702.765.8722 or mail this form to:

THE ClubSM
 c/o Diamond Resorts International[®]
 Attn: THE ClubSM Select
 10600 West Charleston Boulevard
 Las Vegas, Nevada 89135

My signature below indicates I am legally entitled to relinquish this week. I understand that all associated fees must be paid for 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 ClubSM at Diamond Resorts International[®].

_____ OWNER(S) NAME(S)	
_____ RESORT OWNER ID	_____ DATE
_____ OWNER(S) SIGNATURE(S)	