

Clubfresh

CARD MEMBER APPLICATION

 NEW CARD
 NAME CHANGE REPLACEMENT
 LOST/
STOLEN DIV #
 STORE #

NEW CLUBFRESH CARD NUMBER

 MR. MS. MRS. MISS

FORMER BONUS SAVINGS CARD NUMBER

 M M D D Y Y

DATE

 M M D D Y Y

DATE OF BIRTH

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

E-MAIL ADDRESS

I do not wish to receive coupons, special offers, or other information.

I understand that my purchases may be recorded and may be used for marketing purposes. I am aware that I may receive information and special offers from participating manufacturers and/or this store.

SIGNATURE

FORM ID