Clubfresh

CARD MEMBER APPLICATION

NEW CARD

NAME CHANGE

REPLACEMENT

LOST/ STOLEN

NEW CLUBFRESH CARD NUMBER

DIV #

STORE #

MR.

MS.

MRS.

MISS

FORMER BONUS SAVINGS CARD NUMBER

DATE M M - D D - Y Y

LAST NAME

FIRST NAME

MI

DATE OF BIRTH M M - D D - Y Y

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