

Standard Retail Loyalty Program Sign Up Form

Please print clearly in block letters. Once completed, please hand this form to a store associate to activate your membership.

Personal Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Mailing Address

Street Address:

City:

State / Province:

ZIP / Postal Code:

Terms and Consent

By signing below, you agree to the Loyalty Program Terms and Conditions and consent to receive rewards, program updates, and promotional offers from us.

Signature (Write Signature):

Date (MM/DD/YYYY):

For Store Use Only:

Associate ID / Store Number:

Loyalty Card Number Issued: