

# BJ's Membership Application



## Special offer for employees of:

To qualify for this offer please complete this application in full, and return it to your Organization Rep at the address below. Please include a check or credit card payment for the full amount.

Organization rep: \_\_\_\_\_ Contact number: \_\_\_\_\_

Offer expires: \_\_\_\_\_ Address: \_\_\_\_\_

New member  Renewing member Current membership # (if renewing) \_\_\_\_\_

Membership level:  The Club Card \$ \_\_\_\_\_  The Club+ Card \$ \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Sex  F  M

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

If you choose to receive a second household membership card, please complete the following:

(Note: Household cardholder must reside at the same address as the primary cardholder.)

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Primary signature – I understand that I am responsible for any checks and actions of the second cardholder.

**Please choose your method of payment.** (Sales tax may be added. Make checks payable to BJ's Wholesale Club, Inc.)

Check  Cash  BJ's One™ Mastercard®  Mastercard®  American Express®  Discover Network  Visa®

Credit card account number \_\_\_\_\_

Expiration date \_\_\_\_\_ Total charge \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_

BJ's Use Only

BJ's Membership Sales Representative signature \_\_\_\_\_ Cheryl Fontana

Club # \_\_\_\_\_ Market code \_\_\_\_\_

All BJ's memberships are subject to BJ's current membership terms, ask in-club or go to [BJs.com/terms](https://www.bjs.com/terms).