Place Card Number Sticker Here

Foodtown Club Card Enrollment Form

Last Name

M. I.

Sex: M F

First Name

Date of Birth:
(for security purposes)

Month Day Year

Street

Apt.

Town/City

State

Zip Code

Phone Number

Language preference: English Spanish
(check one box)

Email Address

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

Your Signature x_____ **Date** _____ / _____ / _____

I understand that Data consisting of the information provided on this application and product purchase information (but not payment information) may be used, including by a third party under contract, for marketing purposes such as to provide me with special offers and coupons. Data may also be provided to a third party under contract for inclusion in an anonymized database.