

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).