

**BSC/VSC**  
**Club Member Application**

MM - DD - YYYY

DATE

Check Cashing : Y / N

YN

AFFIX CARD NUMBER LABEL HERE

Division / Store #

DIVISION / STORE #

APPLICANT - INFORMATION

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

MM - DD - YY

STREET ADDRESS

APT #

CITY

ST

ZIP

AREA CODE

PHONE

Area Code

Phone

Phone

E-MAIL ADDRESS

BANK INFORMATION NEEDED FOR CHECK CASHING PRIVILEGES.

BANK NAME

BANK ADDRESS

LICENSE #

STATE

State

CITY

ST

ZIP

SECOND CARDHOLDER - INFORMATION

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

MM - DD - YY

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.

APPLICANT'S SIGNATURE

Signature Line