



Membership sign-up for:

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: BJ's Inner Circle® Membership \$ _____ BJ's Perks Rewards® Membership \$ _____ 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.) First Name MI Last Name 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 ☐ My BJ's Perks® Mastercard® ☐ Mastercard® ☐ American Express® ☐ Discover Network ☐ Visa® Credit Card Account Number _____ Expiration Date Date (Month/Day/Year) BJ's Use Only BJ's Sales Representative's Signature

All BJ's Memberships are subject to BJ's current Membership Terms, ask in-Club or go to BJs.com/terms.

Market Code _____