



## APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDATE (DAY/MONTH/YEAR) \_\_\_\_\_

PARENTS' CO-OP MEMBERSHIP NO. (OPTIONAL)

\_\_\_\_\_

BRING THIS COMPLETED FORM TO ANY CASHIER OR CUSTOMER SERVICE CLERK. YOU WILL RECEIVE YOUR SPECIAL MEMBERSHIP CARD IN THE MAIL.