Place Card Number Sticker Here

GREEN WAY™ MARKETS

Green Way Markets 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: *(check one box)* English ☐ Spanish ☐

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.