

Member Application

M M - D D - Y Y
DATE (MM-DD-YY)

AFFIX LABEL HERE

GUFM
STORE #

Check Cashing Privileges? Yes No

APPLICANT - LAST NAME

APPLICANT - FIRST NAME

MI

M M - D D - Y Y
DATE OF BIRTH

MAILING ADDRESS

APT. NO.

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER (OPTIONAL)

EMPLOYER NAME AND ADDRESS (IF CHECK CASHING IS REQUESTED)

AREA CODE

HOME PHONE NUMBER

BANK NAME (IF CHECK CASHING)

DRIVER'S LICENSE NUMBER

CHECKING ACCOUNT NUMBER (IF CHECK CASHING)

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.

I do NOT wish to receive coupons, special offers, or other information from participating manufacturers and/or this store.

SIGNATURE

SIGNATURE

MEMBER APPLICATION - START SAVING TODAY... IT'S FREE!

PRIVACY POLICY:

We respect our customers' concern for privacy. We will not sell or rent our customers names, addresses (street and e-mail), or phone numbers to any other companies.

We honor all customers' requests to have their names and addresses removed from our mailing list. These customers will not be eligible to receive mail including sweepstakes winner notification.

Check the box marked "I do not wish to receive coupons, special offers, or other information" to request this action.

CARD PRIVILEGES:

Your card is accepted at all our stores. Please do not apply for membership more than once or in more than one store. To take advantage of our marketing programs, the members of your household should all use the same card number.

These cards are for your household's personal use only and will be void if altered in any way.

Please stop by the service desk if your card is ever lost/stolen or if you have any questions or problems with your card.