

# BJ's Membership Application



## Special offer for employees of:

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.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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 \_\_\_\_\_ Total Charge \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_

BJ's Use Only

BJ's Sales Representative's Signature \_\_\_\_\_

Club # \_\_\_\_\_ Market Code \_\_\_\_\_

All BJ's Memberships are subject to BJ's current Membership Terms, ask in-Club or go to [BJs.com/terms](https://BJs.com/terms).

**Membership Expiration and Renewals:** Your Membership expiration date is the last day of the month and year shown on your register receipts and on your "My Account" page on [BJs.com](https://BJs.com). Paid Memberships renewed within two months after expiration will be extended 12 months from the expiration date.

21564022 ©2021 BJ's Wholesale Club, Inc.