

# 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://www.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. Paid Memberships renewed within two months after expiration will be extended 12 months from the expiration date.

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