



BRUNSKILL PHARMACY LOYALTY PROGRAM

PLEASE PRINT CLEARLY.

Surname: _____

Given Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Date of Birth: (YY/MM/DD): _____

E-mail Address: _____

Are you: *(Please check one.)*

A student? *(Must present valid I.D.)*

A senior? *(Must be 60 years or older.)*

A regular Points Plus Member?

Changing your address?

Changing your phone number?

(Previous Loyalty #?: _____)

The following promotions are considered part of the points plus program, which are subject to change and/or addition and/or deletion without notice, by management

- PUREX Toilet Paper: Buy 10, Get 1 FREE!
- OPTION+ Vitamins: Buy 10, Get 1 FREE!
- DURACELL Hearing Aid Batteries: Buy 5, Get 1 FREE!



The information you supply will not be sold or given to anyone outside of Brunskill Pharmacy. Points will not be added for purchases made before the account is activated. Terms of use are subject to change. Some restrictions apply.

Signature of Applicant

Date

Thank you for shopping at the Brunskill Pharmacy. We look forward to seeing you again!

For Staff Use Only:

Form complete?: Is printing legible?: Student ID verified?: