



BJ's has a special Membership offer just for St. Philip School

Get \$10 off our \$45 annual Inner Circle® Membership fee when you join or renew. Get \$10 off our \$80 annual BJ's RewardsSM Membership fee when you join or renew and start earning 2% Payback* on most purchases. Purchase either Membership and you will receive a second Card for an additional Household Member at no additional charge, plus three EXTRA months of Membership.

PLUS, BJ's will donate \$5 of your Membership fee to your school or organization!

Please choose one: _____ Inner Circle® [\$35]** _____ BJ's RewardsSM [\$70]†

*2% Payback takes the form of a BJ's Reward redeemable towards the future purchase of qualifying merchandise at BJ's. Certain restrictions apply.

Ask your BJ's Representative for a copy of the BJ's RewardsSM Membership Privileges and Conditions or view online at www.bjs.com.

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†Discount not applicable for upgrades to BJ's RewardsSM Membership.

To receive this offer, complete this application and return it to the organization representative listed below. You will then receive your Membership Activation Letter by mail to start shopping — and saving — at BJ's! Renewing your Membership? Please enter your Membership number in the space provided and continue to use your current Membership Card. Your Membership Card will be extended for 15 months beyond your current expiration date.††

This promotion will end NOV. 20TH so don't delay – join today!

Due to its special nature, this offer is not available online or at any BJ's Club location and is only available through your BJ's Representative.

This offer is not available for new or renewing Business Members. ††Valid only if you renew prior to your current expiration date.

Organization Rep. Name: Monica Daigle

Address: 618 Putnam Pike Greenville, RI 02828 Phone Number: (401) 949-1130

Current Membership # (if applicable)

Last Name

First Name

MI

Sex

F

M

Mailing Address

City

State

ZIP Code

Phone #

CORP28

Market Code (BJ's use only)

Driver's License # (For check-writing privileges)

State

E-mail (Optional)

Group Code (BJ's use only)

If you choose to receive the second Household Card, please complete the following:

(Note: Household Cardmember must reside at the same address as the Primary Cardholder.)

Last Name

First Name

MI

Primary Cardholder's Signature — I understand that I am responsible for any checks and actions of the second Cardholder.

Please choose your method of payment:

Check

MasterCard®

American Express®

Discover® Network

Visa®

Credit Card Account #

Expiration Date _____

Date of Membership Purchase

____ / ____ / ____
Month / Day / Year

Please make checks payable to: BJ's Wholesale Club, Inc.

BJ's Rep. Signature: Debbie I. Isonhee

Club # _____

All applications are sent to our Home Office; processing takes approximately 3 – 4 weeks from the fundraiser deadline date.