



# Pharmasave Rewards Application Form

Please select one of the following:

- I am applying for a new card
- I am requesting a replacement card My old card # is: \_\_\_\_\_
- I am changing my personal information My card # is: \_\_\_\_\_
- Sign-up for email updates, special savings and health information from Pharmasave. I understand that I may unsubscribe at any time.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Address: \_\_\_\_\_

Apt Number: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (Year, Month, Day): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

YOUR PHARMASAVE REWARDS CARD IS VALID AT THIS STORE ONLY.

*Pharmasave shall collect your personal information in accordance with the terms of the Pharmasave Privacy Policy located at [www.pharmasave.com](http://www.pharmasave.com). Pharmasave is committed to keeping such Personal Information safe in order to protect it from loss, theft, unauthorized access, disclosure, duplication, use by others and modification. Pharmasave does not sell the personal information of any Member to any other third party without permission.*

**By signing the application form below, or upon first time usage of the Pharmasave Rewards card, you agree that you have read, understand and hereby accept the Terms and Conditions of the Pharmasave Rewards program, a copy of which is available at your participating Pharmasave Store and posted at [www.pharmasave.com](http://www.pharmasave.com).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR STORE USE ONLY

Store #: \_\_\_\_\_

Employee: \_\_\_\_\_

PLACE CARD # STICKER HERE



# Reward Yourself Collect Points & SAVE!

*Join today!*