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: The Club Card \$ _____ The Club+ Card \$ _____ 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.) First name __ MI Last name _ 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 BJ's One™ 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 Membership Sales Representative 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.

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