TOPS YOUNG AT HEART day

MEMBER APPLICATION

Please PRINT all information. Return this completed application to your TOPS Customer Service Desk or Pharmacy.

☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr.

Last Name:

First Name: Middle Initial:

Email Address:

Street Address: Apt #:

City: State: Zip Code:

Phone: – –

Check if you **DO NOT** want to receive special offers from TOPS ☐ By Mail ☐ By Email

Customer Signature: _____

Privacy Pledge: Our customers' privacy is of the utmost importance to us. TOPS Markets, LLC will not sell, rent or relinquish customer names, home or e-mail addresses, phone numbers or any other customer identifiable information to anyone. Personal transaction data will be used only for promotional programs provided to you which are sponsored or co-sponsored by TOPS or its affiliates. We will not use this information for any other purpose.

STORE USE ONLY

REQUIRED

Customer's BonusPlus #: 4- - Customer's Date of Birth: MM / YYYY

Approved by: _____ Date: _____ Store: _____