

COMPLETE THE APPLICATION FORM TO BECOME OUR LOYALTY MEMBER

Title (Please mark with a cross (X))

MRS MISS MS MR

Name: _____

Address: _____

Suburb/Town: _____

Postcode

State

Date of Birth (dd/mm/yy/)

 / /

Home Phone

Mobile Phone

Email

Preferred Method For Reward Offers: (Please tick)

Email SMS Direct Mail

Group: _____

Signature

OFFICE USE ONLY

Card Reference Number:

Staff Member: _____ Date: _____

EMERALD VILLAGE PHARMACY

Membership is FREE

Join today for FREE! Simply complete the application form and pick up your loyalty card in-store.

Rewarding you

Earn 1 point for each dollar you spend*.

Simply present your Loyalty Card with your purchase and we will record your points*.

ENJOY:

- FREE Membership
- Member Only Offers
- Special Events & Promotions
- Exclusive Member Rewards
- Birthday Offers
- Points never expire!



start earning points today!

*See terms and conditions