



Membership sign-up for: QUAKERTOWN COMMUNITY EDUCATION FOUNDATION

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 for the full amount **payable to BJ's Wholesale Club, Inc.**

Organization Rep:	Doreen Koch	dkoch@qcsd.org	Contact Number:	215-529-2001
Offer Expires:	10/31/22	Address: Return To:	Any School District	Secretary
			(if renewing)	
Membership Level	: BJ's Inner Circle	[®] Membership \$	BJ's Perks Rewards® M	embership \$
Last Name		First Name	MI	Sex 🗌 F 🗌 M
Mailing Address _				
City		State	ZIP Code	
Phone #		Email		
		sehold Membership Card, ple same address as the Primary Cardh	and the second of the second	
Last Name		First Name		MI
Primary Signatu	re – I understand that	am responsible for any chec	ks and actions of the second C	Cardholder.

Check is the only method of payment accepted. (Sales tax may be added. Make checks payable to BJ's Wholesale Club, Inc.)

Check

Date (Month/Day/Year)

You Must Redeem Reward Within 30 Days!!

	BJ's U	Ise Only
BJ's Sales Representative's Signature	Make Sure You Are Not Enrolled In Easy Renewal 800-257-2582	
Club # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		This Special Is Not Available In Clubs

All BJ's Memberships are subject to BJ's current Membership Terms, ask in-Club or go to BJs.com/terms.