



## APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

BIRTHDATE (day/month/year) \_\_\_\_\_

PARENTS' MARKETPLACE LOYALTY NO. (optional) \_\_\_\_\_

Bring this completed form to any cashier or customer service clerk. You will receive your special membership card in the mail.

