

Request to Join Pharmacy Loyalty Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to request to join the [Pharmacy Name] Loyalty Program. I understand that this program offers various benefits, including discounts, rewards, and personalized services that would be greatly advantageous for a regular customer like myself.

Please let me know the necessary steps to complete my sign-up. I am looking forward to enjoying the benefits of your loyalty program.

Thank you for your attention to this matter.

Sincerely,

[Your Name]