# Membership Application for Pharmacy Rewards Program

Date: [Insert Date]

## Customer Information

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

## Program Benefits

- Earn points on every purchase
- Exclusive discounts and offers
- Personalized health advice and support

## Terms and Conditions

By signing this application, you agree to the terms and conditions of the Rewards Program.

## Signature

Signature: _____

## Please Return This Application To:

[Pharmacy Name]
[Pharmacy Address]
[Pharmacy Phone Number]