

MEGA MEMBER Application

MR. MS. MRS. EMPLOYEE

CARD NUMBER

STORE #

DATE

FIRST NAME

MI

LAST NAME

SPOUSE

STREET ADDRESS

APT#

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

LIST OTHER HOUSEHOLD MEMBERS

By signing this application/agreement and later using (or authorizing another person to use) your Mega Member card, store purchases will be automatically recorded and held in confidence. Automatic records will allow us to provide you with special offers and discounts that you may be interested in - both from our stores and from carefully screened companies.

SIGNATURE

Yes, I would like to become a
MEGA MEMBER!
My one time \$10 fee is attached.

-OR-

I would like to become a
MEGA STOCKHOLDER
by purchasing a \$100 share
of stock in Consumers Coop.

Please return completed form and payment to:
Mega Member Services Director
1201 S. Hastings Way, P.O. Box 3155
Eau Claire, WI 54702-3155

-OR-

To a cashier at any Mega location

