

Place Card Number Sticker Here



## Brooklyn Harvest Club Card Enrollment Form

Last Name

M.I.

Sex: M

F

First Name

Date of Birth:  
*(for security purposes)*

Month

Day

Year

Street

Apt.

Town/City

State

Zip Code

 -  - 

Phone Number

Language preference: English

Spanish

*(check one box)*

Email Address

**I do not wish to receive direct-mail coupons, special offers, or other information.**

**Your Signature** x \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand that Data consisting of the information provided on this application and product purchase information (but not payment information) may be used, including by a third party under contract, for marketing purposes such as to provide me with special offers and coupons. Data may also be provided to a third party under contract for inclusion in an anonymized database.