



Pharmasave Rewards

Application Form

Please select one of the following:

- ☐ I am applying for a new card
☐ I am requesting a replacement card My old card number is: _____
☐ I am changing my personal information My card number is: _____

Please select one: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

Please select Gender: ☐ Male ☐ Female

Last Name: _____

First Name: _____ Middle Initials: _____

Address: _____

Apt Number: _____ City/Town: _____

Province: _____ Postal Code: _____

Date of Birth (Year, Month, Day): _____

Phone Number(s): _____

E-mail Address: _____

YOUR PHARMASAVE REWARDS CARD IS VALID AT THIS STORE ONLY.

Pharmasave shall collect your personal information in accordance with the terms of the Pharmasave Privacy Policy located at www.pharmasave.com. Pharmasave is committed to keeping such Personal Information safe in order to protect it from loss, theft, unauthorized access, disclosure, duplication, use by others and modification. Pharmasave does not sell the personal information of any Member to any other third party without permission. Pharmasave may communicate special offers, newsletters, health and wellness information, news updates, information and services to Pharmasave Rewards Members.

If you do not wish to receive this information or these offers from us, please check this box: ☐

By signing the application form below, or upon first time usage of the Pharmasave Rewards card, you agree that you have read, understand and hereby accept the Terms and Conditions of the Pharmasave Rewards program, a copy of which is available at your participating Pharmasave Store and posted at www.pharmasave.com.

Signature: _____ Date: _____

FOR STORE USE ONLY

Store #:

Employee: _____

TOWN SQUARE PHARMACY

PHARMASAVE

100 Mill St. Unit K, New Hamburg
P: 519-662-9995 F: 519-662-9984

PLACE CARD # STICKER HERE