

Sample Only

Obtain

Form from

Marks IGA

Mansfield

PRIVACY POLICY

At all times this information will remain confidential and only be used by Marks Supa IGA Supermarket of Mansfield to allow our computerised checkouts to record each transaction you make and calculate your rewards.

This information may be used to mail membership information or special offers from time to time.



Please TICK ONE Reward Option Below



1. Customer Bonus Showcase Rewards

Available from the Rewards Showcase when you achieve the required points

2. Shared Community Rewards

I will transfer my points to a nominated community groups fundraising period during the year, for one period up to 12 weeks.

3. Total Community Rewards

I agree to transfer ALL my points to the nominated Community Group.

Community Group _____

This group must be one of the groups approved by MARKS IGA

Present completed form to our Customer Service Manager.

Your Membership Number is: **10150825**

Please sign here _____

MARKS Supa IGA at it's absolute discretion may change the conditions or terminate the bonus program at any time.

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Today's Date ___/___/___ Store Use _____