

# Start earning benefits today!

TITLE FIRST NAME

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SURNAME

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GENDER DOB

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ADDRESS

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SUBURB PCODE

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PHONE MOBILE

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SENIOR NO. (Must be confirmed/sighted for Senior Loyalty Cards)

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EMAIL

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(Please note that some exclusive offers will be available only to members with email details)

Please tick the categories that you may be interested in receiving special deals and information on:

- |  |   |
|--|---|
| <input type="checkbox"/> Cosmetics & Skincare      | <input type="checkbox"/> Vitamins, Health Supplements |
| <input type="checkbox"/> Medical Information       | <input type="checkbox"/> Home Care, Patient Aids      |
| <input type="checkbox"/> Fragrances                | <input type="checkbox"/> Baby Care, Infant Health     |
| <input type="checkbox"/> First Aid/Sports Medicine | <input type="checkbox"/> Weight Loss                  |

Quantity of Additional Cards  (Cost is \$2.00 each) IPN 59998

## PLEASE SIGN

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By submitting an application, I agree to the Terms and Conditions set out on Malouf Group Pharmacies website/or available in stores.

- Tick here if you do not wish to receive membership offers & other promotional material

Admin Use Only: Store

Date

Staff Member

(Operator ID)