

DEBIT CARD APPLICATION

First name

Surname

Male/Female

Residential Post Code

Business Name

Business Address

Contact Number

Email address

Would you like us to email you our quarterly calendar and menu ?

Yes/No

Any information you provide is for use by Bluebag only. Please see our privacy policy at bluebag.com.au.

I have read and understood Bluebag's terms and conditions and agree to be bound by their terms.

.....
Signature

Date:

OFFICE USE ONLY

Membership Number : -----

Date joined : -----

Store : -----