



**MARUKAI  
WHOLESALE  
MART**  
THE MEMBERSHIP STORE



*Where East meets West  
for Less!*

## MEMBERSHIP APPLICATION

Annual Fee \$15.00 per person, spouse card free.

PLEASE PRINT

### PERSONAL INFORMATION

Driver's License Number \_\_\_\_\_ Date \_\_\_\_\_

Member's Last Name \_\_\_\_\_ Member's First Name & Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Month Date Year

### OFFICE USE ONLY

No. _____	No. _____
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### SPOUSE'S INFORMATION

Driver's License Number \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_ Member's First Name & Middle Initial \_\_\_\_\_

Residence, if different from above. \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Month Date Year

### CREDIT REFERENCES

Your main bank \_\_\_\_\_ Branch \_\_\_\_\_

Fee will be charged for ONE DAY PASS. Available for current members only.

In consideration for becoming a member of the Marukai Wholesale Mart, the undersigned confirms: 1 The information shown above is accurate to the best of my knowledge. 2 The Member guarantees all checks issued by cardholders to the Marukai Wholesale Mart. 3 I have received a copy of the Marukai Wholesale Mart "Conditions of the Membership Rules of Operations" and agree that they form a part of this contact.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_