



**MARUKAI
WHOLESALE
MART**
THE MEMBERSHIP STORE



*Where East meets West
for Less!*

MEMBERSHIP APPLICATION

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. _____
-----------	-----------

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 _____