

Attention Polk County School Board Employees



Choose the Membership that's right for you:

Sam's Club PLUS \$100 Receive a \$25 Gift Card	Advantage \$40 Receive a \$10 Gift Card
<p style="text-align: center;">Membership includes one card for you and one for a household member over 18 years of age.</p> <p style="text-align: center;">eValues</p> <p>Extra savings are loaded on your Plus Membership card and applied automatically at checkout.</p> <p style="text-align: center;">Enjoy more Pharmacy Savings</p> <p>Save even more on top of our already low cash price, including 8% on name-brand prescriptions and 40% on generic not part of our \$4/\$10 generic prescription plan</p> <p style="text-align: center;">Early Shopping Hours</p> <p>Business and Plus Members can beat the crowds starting at 7:00 am Monday thru Saturday</p> <p style="text-align: center;">Earn even more rewards</p> <p>Earn more rewards when you use your Sam's Club Discover Card</p> <p style="text-align: center;">For the full list of benefits, visit SamsClub.com/myplus</p>	<p style="text-align: center;">Membership includes one card for you and one for a household member over 18 years of age.</p>

All New or Renewing PLUS Members will receive a \$25.00 Gift Card
All New or Renewing Advantage Members will receive a \$10.00 Gift Card
(Redeemable at any Sam's Club or Wal-Mart location)

To become a member or renew current membership you must complete this application and return it, along with check or money order made payable to Sam's Club. Send application and payment to Polk Education Foundation on or before April 13th 2012, using the PCSB Courier- Route E. Please do not take individual application to a Sam's Club location. Gift Card and Temporary Membership Cards will be mailed to your home address listed below immediate following weekly pick-ups at PEF. If you have any questions please contact them directly at 863-644-0769 or by email at dmknigh.s04794.us@samsclub.com

Sam's Club PLUS \$100 () or Advantage \$40 ()
New Member () Renewing Existing Membership () # _____



Employees Information

Name _____ School Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone# _____ E-Mail Address _____

Drivers License# _____ Issuing State _____

Complimentary Card (Household member)

Name _____ DOB _____

Office Use Only

Membership# _____ Date _____ Representatives Name: Keith Morris