

Las Cosas Rewards Program

Members Information

Name*	
Street Address*	
City, State, ZIP Code*	
Day Phone*	
Evening Phone	
E-Mail Address* **	

I have reviewed and agree to the terms and conditions of the program.

*-Required Fields

**I understand that by not providing an e-mail address it is my responsibility to learn of any changes to the rules and regulations. I understand that by not providing an e-mail address I will not receive e-mail notification of special promotions for Loyalty Program Members.

Signature: _____ *Date: _____ *

For Store Use:
Loyalty Card Number _____
Sales Associate _____ Date _____