



PHARMACY & MORE!
Dispensing Health & Happiness

Membership is FREE!

Convenient shopping
Great rewards!

Use your points towards discounts, coupons and promotions. Your iCare card gives us the ability to serve you better.

Fill out the form below to SIGN UP!

Please check one:

New Member

Update of Information iCare Card# _____

For update, you only need to provide your card number and the updated information.

Prefix: Mr Mrs Ms Dr Date of Birth: dd/mm/year

Last Name: _____ First Name: _____

Mailing Address

Street: _____ Parish: _____

Primary Phone: _____ Email: _____

Remember, your iCare card gives us the ability to serve you better.

At iMart, we value your business and respect your privacy. By applying for this card, you consent to the use of the information you are providing as set out in our Privacy Statement, which can be viewed at www.imartstores.com. We may also use your personal and purchase information to provide you with offers, coupons or information about products, services and contests.

Check this box only if you do not want to receive mail or email communication offers, coupons or information about products, services and contests.

Cardholder Signature: _____ Date: dd/mm/year

PRINT NAME IF NO SIGNATURE IS AVAILABLE

***ALL FIELDS ON THIS FORM MUST BE COMPLETED FOR ACTIVATION**