

KROGER ENROLLMENT/RENEWAL FORM

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

BIRTHDATE MM/DD/YYYY _____

CURRENT KROGER PLUS CARD NUMBER FOR RENEWAL

PHONE NUMBER _____

**I UNDERSTAND THAT COMPLETION OF THIS FORM WILL ENABLE THE
SCRIP STAFF TO SET UP A FREE EMAIL ACCOUNT AND EITHER APPLY
FOR OR RENEW A KROGER PLUS CARD FOR ME ON BEHALF OF LOUMC.**

_____ **SIGNATURE**