

# SuperFresh School Partnership Customer Enrollment Form

PLEASE RETURN YOUR ENROLLMENT FORM TO ANY SUPERFRESH CUSTOMER SERVICE DESK.  
PLEASE PRINT IN ALL CAPITAL LETTERS. ALL SECTIONS MUST BE COMPLETED. DO NOT FOLD, STAPLE OR ALTER FORM.



**M M D D Y Y Y Y**

ENROLLMENT DATE

\_\_\_\_\_

CLUB SUPERFRESH MEMBER NUMBER

**FOR OFFICIAL USE ONLY**  ASSOCIATE

\_\_\_\_\_

FIRST NAME

\_\_\_\_\_

LAST NAME

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

EMAIL ADDRESS (We will not share your email address with any other company or organization.)

\_\_\_\_\_

SCHOOL ID NUMBER

SCHOOL ID NUMBER

SCHOOL ID NUMBER

SCHOOL CODES ARE AVAILABLE AT THE SUPERFRESH CUSTOMER SERVICE DESK, THROUGH YOUR SCHOOL COORDINATOR, OR AT [WWW.SUPERFRESHFOOD.COM/SCHOOL](http://WWW.SUPERFRESHFOOD.COM/SCHOOL).

PLEASE CHECK THE BOX  
IF YOU ARE NO LONGER  
INTERESTED IN SUPPORTING  
SUPERFRESH SCHOOL  
PARTNERSHIP.