

# **G-SHOP** Power Registration LOG

Use this form to invite family, friends, peers or anyone to become a member of your G-SHOP Group. Complete all information, please!

Your Name  Your Email:

Grocery Store Code: Indicate V for Vons, P for Pavilions, S for Safeway, R for Ralphs, or the name of the store if outside CA.

1. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>
2. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>
3. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>
4. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>
5. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>
6. New Group Member Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address, City, St, Zip:	<input type="text"/>	Phone:	<input type="text"/>
Grocery Store Code:	<input type="text"/>	Grocery Store Card Number:	<input type="text"/>

Please return this form to any Grace Brethren campus attention G-SHOP Team. Or you can fax to G-SHOP Team at 805-522-0702.

Questions? Email [gshopteam@gracebrethren.com](mailto:gshopteam@gracebrethren.com)