# Membership is free, enrollment is easy.

Complete this form and bring it in to the nearest Red Cross Pharmacy to receive your membership card. Present your card whenever you make a purchase at any Red Cross Pharmacy for applicable savings and bonus rewards.

Cardholder Name

Family Member

Family Member

Family Member

Family Member

Family Member

Address

City State Zip

Preferred Phone Number

Email

I would like to receive:

☐ Prescription refill reminders: Phone # _____

☐ Prescription pick-up reminders: Phone # _____

This program offers you, the cardholder, and your dependents preferred pricing on prescription drugs from Red Cross Pharmacy. It is not an insurance program and does not provide insurance coverage. Your CareCard membership card must be presented at the point of purchase and/or redemption to receive applicable CareCard benefits and rewards. CareCard is administered by PBA Health. By accessing this preferred pricing, you acknowledge and agree that PBA Health may have access to and use your non-protected health information prescription drug data for administration of this program.

Patient's Signature Date

For store use only