

The Food Co-op

Application for Membership (Please Print)

Last Name _____ First _____ M.I. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Work Telephone _____
 email address _____

Is the above individual seeking a courtesy discount membership (\$15.00) based on age, disability, low income or student status? _____ Yes _____ No

Please list your occupation or skills that may be useful to your Co-op:

Other Adult Household Members:

	Courtesy Discount? _____
	Courtesy Discount? _____
	Courtesy Discount? _____

Each Food Coop household membership is entitled to one vote. If a membership is a household of several individuals, only the first named at top of page may vote in an election. If other household members wish to vote, individuals may purchase additional memberships (\$10.00 per membership).

On behalf of the household members named herein, I hereby apply for membership in the Food Co-op (Food Communities Organization of People), a not-for-profit consumer cooperative corporation, and submit herewith an application fee of ten dollars plus a capital contribution of \$70 for each adult member of the household (\$15 for each member requesting a courtesy discount). Payment of application fee entitles household to shelf prices and voting rights. Other member benefits depend on payment of capital contribution in full.

Signature: _____ Date: _____

Bring this application plus first payment to the Food Co-op or mail to:
 Cleveland Food Co-op, 11702 Euclid Avenue, Cleveland, OH 44106-4302

-----For Office Use-----

Rec'd by: _____ Date: _____ Application fee \$10.00 paid? ____ Yes ____ No
Total capital contribution to be paid in seven months is \$70.00 times number of adult members of household (\$15.00 for those requesting courtesy discount): _____.

Enter amount and date of each payment toward capital contribution.

1st payment \$ _____ date _____ 2nd payment \$ _____ date _____
 3rd payment \$ _____ date _____ 4th payment \$ _____ date _____
 5th payment \$ _____ date _____ 6th payment \$ _____ date _____
 7th payment \$ _____ date _____

Card No. _____ 2nd Card No. _____ 3rd Card No. _____

Check writing IDs: type _____ # _____ type _____ # _____