



Food Co-op Application

Applicant Name (s): _____ E-Mail: _____ Best Contact Phone: _____	FOR OFFICE USE ONLY PLEASE Payment Type: <input type="text"/> Check Number: <input type="text"/> Amount: <input type="text"/> Effective Date: <input type="text"/>
Mailing Address: Address _____ City _____ State _____ Zip Code _____	

Please Note: None of your personal information is used or sold to other parties for marketing purposes.
All information is confidential & used for co-op purposes only.

I am most interested in the co-op for the following products:

In addition to the current products available in the store, I would also be interested in:

I acknowledge and agree to the guidelines of the co-op including: paying for my order at the time I place it & picking up my order on the appropriate days and times.

I understand that there are no refunds of membership fees given at any time.

Signature

Date