

Membership & Renewal Form

New working members: Do not complete this form or pay dues before attending a training session.
Training session times and openings are listed on the training session sign-up board at the rear of the store, to the left of the bulk soaps.

Check here if you are renewing your member dues

Thank you for joining the 4th Street Food Co-op or renewing your member dues! If you are a new member, membership will email you shortly to set up your shift (if applicable).

Contact

First Name Middle Last Suffix

Street Address City State Zip

Phone 1 Phone 2 Email

Contact Preference: Email Phone Mail

Other

Days and times available to work (if applicable)

Helpful Skills (ex. computer skills, carpentry) See reverse side for a list of some specific Co-op needs ->

How did you hear about the Co-op?

Membership & Donations

- Weekly Working Membership:** \$25 each year, 20% discount. Work 2.25 hours a week.
- Shared Working Membership:** \$40 each year (\$20/person), 15% discount. Find someone else and between the two of you work one weekly shift. You could each work every other week. You will be contacted to provide the second member's information.
- Nonworking Membership:** \$35 each year, 8% discount. Receive a member discount without working.
- Weekly Working Household Membership:** \$35 each year, 20% discount. Work 2.25 hours a week. A second member of your household can also be a member, working or nonworking. You will be contacted to provide the second member's information.
- Nonworking Household Membership:** \$45 each year, 8% discount. Receive a member discount without working. A second member of your household receives a membership card and may use your discount to shop. You will be contacted to provide the second member's information.
- I would like to make a donation to the 4th Street Food Co-op. Please add \$_____

By joining the Co-op, I agree to pay dues annually. By joining the Co-op as a working member, I also agree to work my weekly/shared shift. I understand and agree to the terms of membership:

- I understand I will not receive a discount until completing my first shift, and the first 3 months of work are probationary.
- If unable to work my shift, I agree to **find my own replacement** and make up missed hours.
- If my availability changes, I agree to switch my scheduled shift with the approval of the Membership Working Group.
- Before resigning, I will give Membership at least two shifts' notice, via phone or e-mail. I will lose member privileges unless I pay an additional \$10 to become a non-working member.
- I understand that failure to take these steps will result in loss of discount until shifts are made up/dues repaid.
- I have 30 days from submittal of this form to resign & receive a refund of member dues.



Signature

Date

www.4thstreetfoodcoop.org

THIS SECTION TO BE COMPLETED BY CASHIER

\$ Amount Received

Register Receipt #

Received by (cashier's name)