

DOYLESTOWN FOOD CO-OP MEMBERSHIP FORM

PLEASE PRINT CLEARLY! Fields marked with ★ are required. Incomplete forms will delay your enrollment.

PLEASE NOTE: by completing this form and making payment, you state that you are ready to become a member-owner and have reviewed our [proposed by-laws](#) (a copy is available on the table or display where you picked up this form, or go to www.doylestown.coop). If mailing, send to Doylestown Co-op, P.O. Box 951, Doylestown, PA 18901

MEMBER-OWNER PAYMENT PLAN★ (pick one)

- Full equity payment of \$360 ← **This will go a long way to get us started!**
- \$100 per year for four years (total equity of \$360 plus a \$10/year administrative fee)
- The above plans are a hardship for me. Please contact me to discuss a third option

SHAREHOLDING MEMBER: one person in the household is the Shareholding Member and the main contact for the co-op correspondence.

First Name★ _____ Last Name★ _____

SECOND HOUSEHOLD MEMBER: if there is a second adult family member **in the same household**, write his/her name below.

First Name _____ Last Name _____

CONTACT INFORMATION

Postal address★ _____

City★ _____ State★ _____ ZIP★ _____

Phone★ _____ Alternate Phone _____

Please provide us with a **valid** e-mail address. By signing up as a member-owner, you agree to be added to our mailing list in order to receive our newsletter and updates on our progress.

E-mail★ _____

Preferred form of contact★ (pick one) Phone E-mail

HOUSEHOLD INFORMATION

Adults in household★ ____ Names of adults in the household other than those already provided above:

Children in household★ ____ Names of children in the household:

If you would like to volunteer your skills and talents, or simply your time, please let us know here:

Check here if you would like to help kick-start our co-op with a member loan of \$1000 or more. We'll contact you.