



Chenango Family Food Co-op

NEW MEMBER-OWNER APPLICATION

Member-owned rates are based on the number of individuals age 18 and older in a household. All individuals in a household benefit from the savings offered by the CFFC.

Equity Investment Per Member of Household

_____ in Household @ \$50 Full Equity One-Time payment = _____

Equity is refundable upon withdrawal of membership.

Benefits are available immediately upon first equity payment.

Lifetime Registration Fee Per Member

_____ in Household @\$25 per Worker Member = _____

_____ in Household @\$75 per Non-Worker Member = _____

Payment plans available* TOTAL _____

Your Name Please PRINT legibly

First MI Last Phone (10 digits) Email

Please list all members (over 18) in your household

First MI Last Phone (10 digits) Email

First MI Last Phone (10 digits) Email

First MI Last Phone (10 digits) Email

Mailing Address

Street/PO Box

City State, Zip

Email

Providing your email address gives Chenango Family Food Co-Op explicit permission to email you required communications such as voting information, changes to future by-laws or member-owner benefits. Your information is never sold to a third party.

CFFC WORK PREFERENCE

- Maintenance Inventory Sales Finance
- Event Planning Research Promotion Tech Support
- Communication Packaging Other _____

Terms of Chenango Family Food Co-op (CFFC)

I certify that I am at least 18 years of age. I understand that:

1. Memberships are not transferable per NY State law.
2. I may withdraw this membership at any time.
3. I will show common respect for others.
4. Payment plans must be in full within 1 year

I have read and agree to the Terms of Membership and have faithfully reported all members of my household who are 18 years or older.

Signature Date

Chenango Family Food Co-op is committed to being an inclusive organization free from discrimination. We seek out and welcome people from diverse communities to participate in a community-owned cooperative business structure.

Member-Owner Services Staff Use Only:	Date: _____
# Of Worker Members: _____	
# Of Non-Working Members: _____	
Total Due \$ _____	
<input type="checkbox"/> Check \$ _____	
Check No. _____	
<input type="checkbox"/> Cash \$ _____	
Balance Due \$ _____	<input type="checkbox"/> Payment Plan Notation

We would appreciate knowing how you learned about us:

Hand Deliver form to CFFC on Co-op Sale Days or mail form to: CFFC, 105 East Main Street, Norwich, NY 13815

www.chenangofamilyfoodcoop.org

chenangofamilyfoodcoop@gmail.com