

Membership Application Form



Name (s)	
Address	
City / State / Zip	
Phone	
Email Address	
How Did You Find Us?	<input type="radio"/> I have been shopping here for a while! <input type="radio"/> Word of Mouth <input type="radio"/> Newspaper <input type="radio"/> Social Media <input type="radio"/> Radio <input type="radio"/> Advertisement: _____ <input type="radio"/> Website <input type="radio"/> Impact Magazine <input type="radio"/> Other _____

Membership Type (select one)	
Regular	One individual including their family or dependents.
Joint	No more than two people who share the same address and kitchen.
Associate	Group Membership: Any partnership, firm, association, cooperative, corporation or body politic.

E-mail Address Agreement: By submitting my e-mail address to the Breadroot Cooperative, I understand that the Cooperative agrees to use my address only for official notices of Cooperative business (such as meeting announcements, financial statements, and patronage credits), and for replies to messages that I've posted to the Cooperative. In turn, I agree to use the Breadroot Cooperatives e-mail address only for necessary communications with the Cooperative.

I have read this application and understand its terms. This application is tendered on the condition that the Breadroot Cooperative will purchase food and other merchandise and make it available to me at the price set by the Cooperative, and that I will agree to the terms and conditions of membership as established in the bylaws of the Cooperative. I have been offered a copy of the bylaws, and I have had an opportunity to read them before signing this application. Share payment: A purchase of two (2) shares of Class A Common Stock is required to initiate membership, at the price of \$10.00 per share. Membership can be extended by the purchase of two additional shares per year until 40 shares are purchased, whereupon the member becomes a Full Member and no additional shares need be purchased.

Signature _____ Date _____

Signature _____ Date _____

Cashier Shares Purchased ____ Amount Paid ____ <input type="checkbox"/> Entered into CP Cashier Initials _____ Date _____	Management <input type="checkbox"/> Entered into SO System <input type="checkbox"/> Member Data Updated <input type="checkbox"/> Member Card Mailed
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Member ID Number: _____