

## **Membership Agreement**

Last Name	First Name Middle Initial	
		Member
Last Name (Optional Household Member)	First Name Middle Initial	- <u>e</u>
Last Name (Optional Household Member)	First Name Middle Initial	ī
Address	City State, Zip	·
Primary Phone	Secondary Phone	_
	I'd like to receive: E-receipts Weekly Sales & E-news	
Email Address		
	noney, helping both the Co-op's members and the environment. We'll only	
send official notifications of board elections, the annual me boxes above to opt into two other types of email messages	ember survey, and membership expiration. If you'd like, you can check the	•
noves anove to oht litto two office types of eliidii lilessages	•	
anable at the co-op information besk and at www.iamontain	ita.coop. I have been notified of such requirements.	inatin
Signature	ita.coop. I have been notified of such requirements.  Date	Originating Store:
Signature	Date	inating Store:
Signature o-op Membership Policies:	Date    Membership Info:	
Signature  o-op Membership Policies:  1. Membership is non-transferable, except as	Date	for
Signature o-op Membership Policies:	Date  Membership Info:  1. The primary member owns the membership and is responsible updating the address, phone number and for adding or deletin secondary member names.	for g
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## **Membership Fees:**

12 Month Membership = \$15 + tax Lifetime Membership = \$200 + tax

## TO BE FILLED OUT BY LA MONTAÑITA FOOD CO-OP

TO BE FILLED OUT BY EX MONTANTIA FOOD CO OF								
Date			Initial	Amt.	Expiration Date			
Month	Day	Year	IIIILIAI	Paid	Month	Day	Year	

Date		Initial	Amt.	Expiration Date			
Month	Day	Year	IIIILIAI	Paid	Month	Day	Year

Read our Bylaws for more on our structure and democratic processes. www.lamontanita.coop/directors/documents.

Rev. 2023-04