

Potsdam Food Co-op Membership Form

OFFICE USE ONLY

Date: _____

Entered in Database (Initial) _____

Staff Initials: _____

New Member

Renewing Member

Membership Card Issued (Initial) _____

Membership Name: _____
LAST FIRST

Please List all other Adults (17 years or older) members of household (use reverse side if necessary):

LAST FIRST LAST FIRST

LAST FIRST LAST FIRST

Household Address: _____
STREET/APT.

CITY STATE ZIP

Phone: (____) _____ Alt. Phone: (____) _____ Email Address: _____

MEMBER ID# _____ Shares: \$ _____ Dues: _____ Total: \$ _____

Volunteer Work Options As a member you can volunteer your labor to receive a 10% or 23% discount on your purchases at the Co-op. If you are interested in participating in the store's operation and lowering the cost of your groceries, ask one of the Co-op Staff for information.

Please check your preferred work options from the list below:

- Packaging (in store during most open hours)
- Bakery (cleaning, coreworking AM or PM)
- Store Cleaning
- Inventory (counting 4x year in store, data entry at your home)
- Jar Washing (requires dish washing machine at your home)
- Landscaping
- Laundry (requires clothes washing machine at your home)
- Core Worker- various tasks (requires 3 hr./wk. commitment)
- Newsletter (writing, assembling the mailing or distributing)
- Board or Committee (afternoon or evening meetings plus tasks)
- Events and Outreach

If you have a particular skill you would like to offer please note below: