



Cambridge Food Coop
1 West Main Street
Cambridge, NY 12816

Membership Application

Last Name

First

Address

Telephone#

Cell#

E-mail (please print clearly)

Supporting Member (non-working)

Single Working Member

Double Working Member

For office use only

\$ received _____

Date received _____

Training Session Date: _____

Attended: Y/N

Card

Excel

Gmail

Mailchimp

I designate this Proxy to be used in lieu of my presence for the purpose of establishing a quorum at Cambridge Food Co-Op Meetings. _____ (signature)

OR

I decline to designate a proxy for the above purpose. _____ (signature)