



Cambridge Food Co-Op  
1 West Main Street  
Cambridge, NY 12816

Membership  Application  
 Renewal

Our Membership is open to all regardless of ability to pay, if you would like to have your annual membership fee waived, please **X** the appropriate box below. Waiver requests will be kept confidential. Please complete the form below to ensure we have your record and proxy up to date.

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(email addresses will not be shared or sold)

**Please be sure to sign the proxy statement below. This will serve as your permission to use the proxy in lieu of your presence so that a quorum may be established at Cambridge Food Co-Op Membership Meetings should you not be able to attend.**

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, your name)

OR

I decline to designate a proxy \_\_\_\_\_  
(signature, your name)

- I am renewing my Cambridge Food Co-op Membership at the following level:
  - Supporting Member** (circle one) 1 year=\$40 2 year=\$76 3 year=\$108
  - Working Member** (circle one) 1 year=\$40 2 year=\$76 3 year=\$108
  - Lifetime Member** one-time payment \$500
- Please **waive my fee** due to financial hardship.
- I would like to **sponsor a membership** for a fellow member who is experiencing financial hardship. Enclosed is an additional \$ \_\_\_\_\_.
- I would like to make an additional **(not tax-deductible) contribution** to the Cambridge Food Co-op. Enclosed is an additional \$ \_\_\_\_\_.

**For office use only**

- Excel
- Gmail
- Mailchimp
- Card restored/made
- QB

**For Register Worker only**

- Fee Waiver
- Amount received \_\_\_\_\_
- Received by \_\_\_\_\_
- Renewal Flag removed
- Date received \_\_\_\_\_