



Cambridge Food Coop
1 West Main Street
Cambridge, NY 12816

Membership Renewal

Thank you for renewing your membership!

Please complete the form below to ensure we have your record and proxy up to date.

Please be sure to check off the proxy statement below. This will serve as your yearly permission to use the proxy in lieu of your presence for the purpose of establishing a quorum at Cambridge Food Co-Op Membership Meetings should you not be able to attend in person. This proxy will not count as a vote on any matter.

As a reminder, the main membership categories are as follows:

- **Working** \$20.00 annual dues, 15% discount, work one or two shifts per month
- **Supporting** \$20.00 annual dues, 2% discount, non-working
- **Lifetime** \$500.00 one-time fee, discount is 15% for working, 2% otherwise

If due to financial hardship you would like to have your annual membership fee waived, please check the appropriate box below. Waiver requests will be kept confidential.

Member Name: _____

Address: _____

Email address: _____ Telephone No. _____

(your email will not be shared or sold)

- I am renewing my Cambridge Food Co-op Membership at the following level:
- Supporting Member**
 - Working Member** please circle one: **single shift** **double shift**
- I have included my \$20 annual membership fee.
- I request my annual dues be waived due to financial hardship.
- 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 _____ (signature)
- 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 a separate check for \$ _____.
- I wish to become a Lifetime Member. Enclosed is my payment of \$500.00.

For office use only

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|--|---|
| <input type="checkbox"/> Excel | <input type="checkbox"/> \$ am't received _____ |
| <input type="checkbox"/> Gmail | <input type="checkbox"/> Date received _____ |
| <input type="checkbox"/> Mailchimp | <input type="checkbox"/> Received by _____ |
| <input type="checkbox"/> Card restored | |