

Thank you for your interest in joining the Co-op. Your membership helps keep our small business thriving, and it allows you to have a voice as a member-owner!

Applica	nt Info						
First Name	ə:		Last Name:				
Email:							
Phone:	ne: Alt Phone:						
Mailing Ad	ldress:						
City:			State:			Zip:	
Addition membe	l Additional User al users must be membership meetings if the users skip adding user information	join under a single	e member applicat	tion and	d membership fee.		
First Na	rst Name: Last Name:						
Email:							
Phone:		Alt Phone:					
Financia	al						
Annua	al Membership Fee					\$ 40.00	
I would like to sponsor a membership for a fellow member who is experiencing financial hardship						\$	
I want to make an additional contribution to the Co-op (not tax-deductible)						\$	
~ or ~ Please waive my fee due to financial hardship.					Total	= \$	
Get Invo	lved!						
Pleas	e contact me about becor	ming a Working M	1ember.				
Pleas	e contact me about volun	teering on a Co-o	p committee.				
TCT Fed	eral Credit Union						
If so, lo	e to use my Co-op member the co-op cashier know. The lat to TCT as proof of your Co	ey will make a copy -op membership. t all household m	of this form, initial i	it, and gi	ive it the stamp of ap	l follow the	
op website	member policies of the C .)	ambridge Food C	o-op, inc. (These a	ır <b>e</b> avall	iable at the Co-op	and on the Co-	
Applicant S	Signature:			Da	ate:		
Office Use Only	Received by:	Date Rec	ceived:		Entered into DB:		