

New Member-Owner Application

Date _____

Have you ever been a member-owner? Yes No Reason for joining today? _____

First name _____ Last name _____

Mailing address _____ City _____ State _____ Zip _____

Email _____ Preferred phone _____ Birth date _____

I would like to be informed about Co-op sales, news, and events via email (*approx. 2-4 emails per month*)

I am 65+ years of age (*You must inform member-owner services when you turn 65 to receive the senior discount*)

I am interested in the member labor program I am interested in the member labor program, but have a disability preventing me from working (*Members with disabilities are eligible for a 6 percent work-optional discount*)

I opt-in to being asked at the register if I want to round up my purchase to the next dollar to donate to a local nonprofit organization.

I would like to opt out of printed receipts and opt into eReceipts I would like to opt into both printed receipts and eReceipts

Initial payment: \$15 minimum payment \$180 full payment Other amount (min. \$15) \$ _____

I understand that equity payments are due at the beginning of each fiscal year in late June/early July, and if I join near the end of one fiscal year, I will need to make another payment at the beginning of the next fiscal year. I understand that membership at Hunger Mountain Co-op is individual and my member number may only be used by me.

I understand that, per the Co-op's bylaws, my equity may be returned upon request at the discretion of the council if I choose to leave the Co-op

Applicant signature _____

FE STAFF: Payment received: \$ _____

Initials: _____ Member number: _____



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