

Membership Agreement

Community coop Market

Member #: _____

Community Co-op Market is owned by its shoppers. Profits are re-invested into the co-op to support the mission of improving everyone's access to delicious, healthy food.

Primary Member

Name (Please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Would you like to opt out of printed receipts? Yes No

May we contact you via the email address provided above with:

CCM Member Business Updates? Yes No

CCM Sales and Promotions? Yes No

Household: Up to 3 individuals residing in your household who can use this account.

Name: _____

Name: _____

Name: _____

If you are currently enrolled in a financial assistance program, you may be eligible for CCM's Healthy Food Access Program. Would you like to apply now ?

Yes No

Date: _____ Signature: _____

Acceptable forms of payment include credit/debit cards and gift cards.

Questions? Contact Membership Services at info@communitycoopmarket.coop
1235 Apalachee Parkway, Tallahassee, FL • communitycoopmarket.coop • (850) 399-2667

CO-OP USE ONLY

Investment: _____

ECRS: _____

Notes: _____

Staff: _____