

# Chico Natural Foods CO-OP Membership Renewal and Extra Share Purchase Form

Member #: \_\_\_\_\_  Don't send new card(s). I want to help the Co-op be more sustainable.

Payment enclosed:  \$10 (4 months)  \$25 (1 year)  \$50 (2 years)  \$100 (4 years)  Other amount: \_\_\_\_\_

Member-Owner Name:

\_\_\_\_\_

First	MI	Last
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Other Household Cardholder:

\_\_\_\_\_

First	MI	Last
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Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email (receive newsletter and member surveys): \_\_\_\_\_

## Special Discount Application (When a discount is granted to Member-Owners, they and the other cardholder both receive it.)

Please check the discount level for which you are applying:

**Student 5% discount everyday**

*Please attach a copy of your current class schedule, which must include your name and the date.*

**Economic Need 5% discount everyday**

*Please attach a photocopy of any document that demonstrates you are currently participating in another need-based aid program (i.e.: Food Stamps, HUD housing, Medicaid, Medicare, Utility assistance, etc.) Please note that CNF management reserves the right to determine whether the documentation meets our criteria.*

**Senior (age 60+) 5% discount everyday** Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please show Driver's License or Identification Card to the cashier when first applying for this discount to verify birth date.*

**Disabled 5% discount everyday**

*Please indicate whether the disability is temporary or permanent and provide a doctor's note or other documentation that describes the nature of your disability. In order to treat everyone fairly and respectfully, we request this of all applicants for this discount because not all disabilities are visible or apparent. Thank you for your understanding.*

**For Cashier Entry:** Sold by: \_\_\_\_\_ Renewal amt. paid: \_\_\_\_\_ Date: \_\_\_\_\_

Verify discount:  Economic Need  Disabled  Student  Senior

**For Office Entry:** Updated: \_\_\_\_\_ Invoice: \_\_\_\_\_ Payment: \_\_\_\_\_ Cards: \_\_\_\_\_

List: \_\_\_\_\_