onion River Co-op Member Equity Form

Head of Household (Account Owner)	Ear Sta	ff use only
First Name: Last Name:	For Staff Use Only	
Organization (if business membership):	Member Type (check all th ☐ New Member	nat apply) CS Only Member Type
Mailing Address:	☐ Current Member	☐ Non-shareholder
City: State: Zip:	Senior 60+ (5%)	Non-Profit (15%)
Phone:	Employee (18%)	☐ Food for All (10%) ☐ Renew
Email:	Actions	
☐ Please email us monthly updates about store news and events	☐ Address Update	CS Only Actions
☐ Please email us Member Worker opportunities	☐ Card Reprint	☐ ID Checked (required for all) ☐ Equity Refund Request
Household Members (please print full names of those who live with you, or our authorized staff and will shop under this account)	(please indicate quantity) card(s) keytag(s)	Equity Refund Request Equity Transfer Request Transferring equity to account #:
Additional Email(s):		Name:
Co-op Membership is Ownership! Full equity is currently set at \$200, divided into annual payments of \$15. Members receive full benefits with their first equity payment (\$15). Discounts and Patronage Refunds are only applied when your account is current or paid in full. Patronage Refund checks, voting privileges, and ability to request changes to account are tied to head of household.	Seeing Red? If you see an option in red it should be performed only by key staff at	□ Name Change Same Person? □ Yes □ No Existing Name: First: □ Last: □
Print Name:Date:	Customer Service	New Name:
Signature:		First:
Powntown 82 S. Winooski Ave Open 7am - 11pm every day (802) 861-9700 City South End 207 Flynn Ave Open 7am - 9pm every day (802) 540-6400	Must be Completed! Date: Staff Name:	

Member #

Equity Purchased \$

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