

City of Market Conion River Co-op Member Equity Form

Have you ever been a Member of the Co-op? Yes, my Member Number is If you do not know your member number, please ask your cashier!						
				☐ No, I am signing up for the	first time.	
				Head of Household (Account O	wner)	☐ Senior (60+) - 5% <i>Discount</i>
First Name:	Last Name:					
Mailing Address:						
City:	State:	Zip:				
Email:						
Phone:		Cell Phone				
☐ Text reminders about Membership expiration date(s) ☐ Monthly email updates about store news and events ☐ Emails about Member Worker opportunities ☐ My Member Card reprinted Household Members (please print full names of those who live with you and will shop under this account) ☐ Remove Existing Household Members						
Full equity is currently set at \$200, divide full benefits with their first equity paymen applied when your account is current or paymined to request change Print Name: Signature: Your Community	ed into annual et (\$15). Disco aid in full. Pa ges to account	payments of \$15. Members receive unts and Patronage Refunds are only tronage Refund checks, voting tare tied to head of household. Date:				
Downtown 82 S. Winooski Ave · South End 207 Flynn Ave						

For Staff Use Only

Standard Information

Check all that apply			
☐ Phone Number Update☐ Email Address Update	Member Type ☐ New Member ☐ Current Member ☐ Employee ☐ Delivery		
Customer Service Only Red items should be performed only by key staff at Customer Service. ID Checked (required for all)			
☐ Equity Refund Request ☐ Equity Transfer Request	Member Type □ Co-op □ Non-Profit □ Food for All □ Renew		
Full Name: Name Change Same Person? Yes No Existing Name: New Name:			
Must be Completed!			
Date: Staff Name:			
Member # Equity Purchased \$			

Burlington, VT · www.citymarket.coop