

Onion River Co-op Member Equity Form

Head of Household (Account Owner)

First Name: _____ Last Name: _____

Organization (if business membership): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please email us monthly updates about store news and events

Please email us Member Worker opportunities

Household Members (please print full names of those who live with you, or our authorized staff and will shop under this account)

Additional Email(s): _____

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.

Print Name: _____ Date: _____

Signature: _____



Your Community-Owned Grocery Store
82 S. Winooski Ave. Burlington, VT 05401
Open 7 days a week, 7am - 11pm
(802) 861-9700 www.citymarket.coop

For Staff Use Only

Member Type (check all that apply)

- New Member
- Current Member
- Senior 60+ (5%)
- Employee (15%)

CS Only Member Type

- Non-shareholder
- Non-Profit (15%)
- Food for All (10%)
- Organization

Actions

- Address Update
- Card Reprint
(please indicate quantity)

_____ card(s)

_____ keytag(s)

CS Only Actions

- Equity Refund Request
- Equity Transfer Request

Transferring equity to account #:

Name: _____

- Name Change

Existing Name:

First: _____

Last: _____

New Name:

First: _____

Last: _____

Seeing Red?
If you see an option
in red it should be
performed only
by key staff at
Customer Service

Must be Completed!

Date: _____ Staff Name: _____

Member # _____ Equity Purchased \$ _____