

City onion River Co-op Market Member Equity Form

Have you ever been a Member of	the Co-op?	
Yes, my Member Number is _		
If you do not know your mem No, I am signing up for the fir		ısk your cashier!
Head of Household (Account Own	ner)	
First Name:	Last Name:	
Mailing Address:		
City:	State:	Zip:
Email:		
Phone:		
☐ Please email us monthly update	s about store news a	and events
☐ Please email us Member Worke	r opportunities	
Household Members (please print and will shop under this account)	full names of those	who live with you
Additional Email(s):		
Full equity is currently set at \$200, divided full benefits with their first equity payment only applied when your account is current privileges, and ability to request changes to	into annual payments (\$15). Discounts and or paid in full. Patrona	of \$15. Members receive Patronage Refunds are ge Refund checks, voting
Print Name:		Date:
Signature:		
V. C.	0 10	C.

Downtown 82 S. Winooski Ave · **South End** 207 Flynn Ave Burlington, VT · www.citymarket.coop

For Staff Use Only

	II osc omy		
Member Type (check all that apply)			
☐ New Member ☐ Current Member	<i>CS Only Member Type</i> ☐ Non-shareholder		
☐ Senior 60+ (5%)	☐ Non-Profit (15%)		
☐ Employee (18%)	☐ Food for All (10%)		
	Renew		
Actions Address Update Card Reprint (please indicate quantity) card(s) keytag(s)	CS Only Actions ☐ ID Checked (required for all) ☐ Equity Refund Request ☐ Equity Transfer Request Transferring equity to account #: Name:		
Seeing Red? If you see an option in red it should be performed only by key staff at Customer Service	□ Name Change Same Person? □ Yes □ No Existing Name: First: □ □ Last: □ New Name: First: □ □ Last: □		
Must be Completed!			
Date: Staff Name:			
Member # Equity Purchased \$			
Printed on Recycled Paper			