

City of Market Onion 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.	
Membership Type: ☐ Individual ☐ Co-op ☐ Non-Profit ☐ Business Part	ner
Head of Household (Account Owner)	
First Name: Last Name:	
Mailing Address:	
City: State: Zip:	
Email:	
Phone: Cell P	hone
☐ Please text me reminders about my Membership expiration date(s)	
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 y and will shop under this account)	ou
Co-op Membership is Ownership!	
Full equity is currently set at \$200, divided into annual payments of \$15. Members refull benefits with their first equity payment (\$15). Discounts and Patronage Refunds only applied when your account is current or paid in full. Patronage Refund checks, privileges, and ability to request changes to account are tied to head of household.	are
Print Name:	
Signature: Date:	
Your Community-Owned Grocery Stores	
Powntown 82 S. Winooski Ave · South End 207 Flynn Ave Burlington, VT · www.citymarket.coop	

For Staff Use Only

Member Type (check all t	that apply)	
New Member Current Member Senior 60+ (5%) Employee (18%)	CS Only Member Type Non-shareholder Non-Profit (15%) 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		