



Member APPLICATION & AGREEMENT

Member # _____

Name _____
First (Preferred First Name) Middle Last

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Household Shopper Name _____ Household Shopper Phone _____

The Member Quarterly will be mailed to all Co-op Members; if you would like to receive the annual election ballot, information about sales, classes and special events, join our email list.

Please add me to your email list. I have previously been a member. I'm currently an employee.

How did you hear about us? _____

By joining the Sacramento Natural Foods Cooperative, Inc., I understand and agree to the following:

1. Sacramento Natural Foods Cooperative is a member-owned consumer cooperative corporation.
2. A member is entitled to one vote in the affairs of the cooperative, regardless of the number of shares owned. No voting by proxy is permitted. An email address is needed to receive the annual election ballot.
3. The cooperative provides opportunities for and benefits from the active participation of its members.
4. Shares are refundable upon request for withdrawal and approval by the Board of Directors. According to SNFC Bylaws, the Co-op has up to one year to re-purchase these shares when a member withdraws.
5. A member becomes inactive if they fail to meet the equity investment obligation and/or do not patronize the Co-op for over 12 months.

The investment of at least \$25 must be remitted with this application. The investment of at least \$25 every six months is necessary to retain membership until the full investment (\$300) has been met.

Choose one of the following investment plans:

- Immediate:** Invest \$300 upon joining and receive a \$30 Co-op gift certificate (new members only). A member who joins with this plan will only be refunded \$270 (\$300 less the \$30 gift certificate amount) if they withdraw within a year of joining.
- Standard:** Invest \$25 every six months (part of your end-of-year patronage refund will automatically go toward paying off the balance of your investment).

Please take this completed application to the store's Customer Service Desk or mail this application along with a check made out to SNFC to: **Attention: Member Admin, Sacramento NaturalFoods Co-op, 2820 R Street, Sacramento, CA 95816.** Your Co-op member card will be mailed upon receiving your application. If you have questions, call 916-732-3148 or email membership@sac.coop

I hereby make application for membership in Sacramento Natural Foods Cooperative, Inc., under the investment plan marked above:

Member Signature _____

Date _____

FOR OFFICE USE ONLY:

Transaction # _____ Staff Initials _____

SNFC gift certificate was given for joining with Immediate plan.



Thank you
FOR JOINING!



VIEW YOUR BENEFITS IN
THE MEMBER PORTAL

