

BRIGHTON FOOD CO-OP

Member's Application

Website: www.brightonfoodcoop.com

Date: _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ ST _____ Zip _____ Fax _____

E-mail _____

Spouse Name _____ Children: How Many? _____ Ages _____

Place of Employment _____ Work Schedule _____

Do you have experience in nutrition, organics, etc. that would be beneficial to our co-op? _____

Please describe: _____

Why have you decided to join this co-op? _____

How did you learn about this co-op? _____

As a member of the BRIGHTON FOOD CO-OP, I hereby agree to the following policies of membership:

1. To pay a one time membership fee of \$25.00. This initial fee is refundable within 90 days of joining upon written request to the Treasurer. Also, yearly membership dues of \$20.00 are paid in January. If there are unpaid dues after January 31st, the member is considered inactive. Dues will be pro-rated for persons joining after June.
2. To work on distribution day a minimum of 6 hours each time an order is placed. Family members are welcome to help on distribution day, but that will not lessen the 6 hour commitment. United Natural Foods, Inc. and Outside Vendors are distributed every four weeks on Tuesday between 6:30am and 3:00pm. These times will vary depending upon truck delivery schedules. Timing specifics will be communicated as soon as information becomes available.
3. To make my e-mail address available for co-op communication. In the event I do not have e-mail, to take responsibility to contact another co-op member to receive communication.
4. To pay all orders on time at time of distribution by check. Cash is an option, but payment by check is preferable. If an order is not paid for at distribution, member has three days to get payment to Treasurer before a late charge of \$15.00 is assessed. Checks that don't clear the bank will be assessed an additional check fee. Timing is imperative for proper payment to vendors.
5. To pay a 3% markup for operating expenses of the co-op. If a BFC member or replacement fails to work distribution, a 20% mark-up will be added to the order. If an emergency arises, please inform the 1st or 2nd shift Coordinator or President or Vice President so that allowances can be made.
6. To attend meetings, when they are called, for the purpose of co-op policy decisions, including the annual meeting in January, where new officers are elected.

Signature _____

Paid: Initial Fee _____ Dues _____ Subscription _____ = Total: _____ Check # _____