



Membership



4 4 7 4 5 0

WRITE MEMBER NUMBER OR ATTACH # TAG HERE

☐

NEW

☐

RENEWAL

☐

CORRECTION

☐

REFUND

1

FIRST NAME AND MIDDLE INITIAL OR ORGANIZATION NAME

LAST NAME (OR NAME IF YOU GO BY ONLY ONE NAME)

STREET, BOX AND APARTMENT # OR OTHER

CITY:

STATE:

ZIP:

PHONE #:

EMAIL AND/OR MAILING ADDRESS REQUIRED

EMAIL:

CHECK ALL THAT APPLY:

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Save paper and Co-op funds by emailing me notice of the annual membership meeting.

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Email me my receipts: no printed receipts.

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Email me about Co-op news and special promotions.

☐

Remind me about Rounding Up when I shop.

2

MEMBERSHIP TYPE

(CHECK ONLY ONE)

Membership descriptions and criteria on the reverse side of this form.

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REGULAR

☐

COOPERATIVE ACCESS PROGRAM*

(ONE YEAR RENEWAL)

☐

SENIOR

☐

DISABILITY

*I have reviewed the criteria for CAP membership and I qualify.

☐

BUSINESS

Initial here: _____

☐

TRADE BUSINESS OR NON-PROFIT

If you have joined before—Former name/year joined:

If you are unable to shop for yourself due to a disability please designate another person to shop for you:

3

Read, check off, and initial here:

☐

I understand purchases made with my membership must be for use by myself and/or my dependents.

NOTES: _____

_____ ☐ Corrected address—remove prompt

DATE

CASHIER NAME

Types of Membership

If you are under 18 years of age, you do not need to join: you may shop at member prices without being a member.

INDIVIDUAL MEMBERSHIPS – We do not offer household/family Memberships

REGULAR MEMBER:

- Pay a one-time \$5 membership fee (non-refundable).
- Pay \$24 in equity, either all at once, or at a minimum rate of \$6 per year. Equity is refundable upon request.
- First year equity payment (\$6) and member fee (\$5) are due the day you join.

SENIOR (OVER 62) OR MEMBER WITH A DISABILITY:

- Free membership, equity and joining fees are waived.
- If the member is unable to shop in person, another person may be designated to use the membership.
- We welcome any and all suggestions for increasing the accessibility of the Co-op to all.

COOPERATIVE ACCESS PROGRAM:

- Free membership, no equity, 10% discount, renewable one-year membership.
- This membership is available to anyone whose financial condition would prevent their access to shopping at the Co-op, based on any of the following criteria:
 - A. Income from employment, pensions, retirement, or elsewhere inadequate to support basic needs.
 - B. Unemployed and without familial support and/or other financial resources.
- If you're unsure whether you qualify, the Co-op suggests using the Self-Sufficiency Calculator for Washington State, a free online resource to help determine your financial self sufficiency. There are internet stations available in our stores if you need help accessing the calculator. **The calculator can be found at www.thecalculator.org.**

BUSINESS/ORGANIZATION MEMBERSHIPS

TRADE BUSINESS OR NON-PROFIT COMMUNITY ORGANIZATION MEMBER:

- A collectively managed business or an Olympia Food Co-op supplier, or a non-profit organization.
- Free membership, no equity, 10% discount.
- Any representative of the organization may use the membership to make business-related purchases only.

BUSINESS MEMBER:

- Pay a one-time non-refundable fee of \$30. There is no equity.
- Any representative of the business may use the membership to make business related purchases only.

EQUITY & FEE INFO

- Equity is kept in the Co-op's capital account, and is refundable to active members who request to relinquish their membership.
- The one-time \$5 membership fee is non-refundable.
- For conditions of active membership, see www.olympiafood.coop or contact us at one of our locations.

Olympia Food Co-op Membership Privacy Statement

Our bylaws specify that in order for your membership to remain active, you must maintain current contact information on file with the Co-op, and keep current in your equity payments. When you sign up for membership we ask for your mailing address and email address to comply with this bylaws requirement.

We respect your privacy. The Co-op will not share, sell, lease, or provide your personal information (i.e., your name, address, telephone number, or email address) to any outside entity without your express permission.

We will use your address to communicate with you periodically about Co-op business, and to offer you general promotional opportunities. The Co-op may at times track and use general information from our Point-of-Sale system to help us provide better services to our membership. Our organizational mission statement and values will be our guide in all marketing efforts, as well as the need to maintain confidentiality and respectful relationships in all that we do.

LOCATIONS

Eastside

3111 Pacific Avenue SE
Olympia, WA 98501
(360) 956-3870

Westside

921 Rogers Street NW
Olympia, WA 98502
(360) 754-7666

www.olympiafood.coop