

Co-op Membership Form

Please print all information clearly & legibly

Questions? Please call the Co-op at 864-868-3105 or email info@upstatefoodcoop.com

Date: _____

First & Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Non-Working Membership Category (check only one):

Senior (65+) _____ Disabled _____ Regular Non-Working (not Senior or Disabled) _____

OR

Would like to work _____ (please complete a Volunteer Work Interest Form)

Special Skills: _____

Annual Membership Fee (check one):

This is for me: _____ This is a gift: _____ (Complete information for gift recipient)

Annual Renewal (\$24): _____ New: (Pro-rated): Month _____ Cost: _____

Pro-Rating Schedule for New Memberships Only:

January: \$24	February: \$22	March: \$20	April: \$18	May: \$16	June: \$14
July: \$12	August: \$10	Sept: \$8	October: \$6	Nov: \$4	Dec: \$2

Please print out this form, complete it and mail it with your check to:

Upstate Food Co-op
404 John Holliday Rd
Six Mile, SC 29682
Attn: General Manager

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