

# Light Foods Co-Op Membership form

Please PRINT clearly

Name:      First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:      Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Work Assignment:

Task: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

**Payments**

Fee:       Yes  NO

Investment:  Yes  NO

**FOR OFFICE USE ONLY:**

**Member #** \_\_\_\_\_

**Office worker:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please turn page over...