

“Milk- It and Real Foods Club” - APPLICATION FOR MEMBERSHIP

Name:

Billing Address:

City:

State:

Zip:

Phone Number:

E-Mail Address:

Credit card type (Visa/MC,Disc or Amex):

Card holder name:

Credit card #:

Exp. Date: /

*Card ID #:

*Card ID # prevents fraud. Visa, MC & Discover - 3 digits on back of card. Amex - 4 digits on front of card.

I, the undersigned, wish to participate in the fresh milk/real foods consumer coordination program. I understand that there are certain risks associated with drinking raw milk. I am drinking raw milk by my own choice and consider myself an educated consumer.

In consideration of allowing my participation in this program, I do hereby agree to hold harmless, release, and discharge any farmer and/or any member of the buying club from all claims, demands, legal actions or causes of action for any damage arising out of participation in this program.

By signing below, I understand that I am not purchasing milk from the club, but are buying directly from the farmer and hiring a driver to transport it from the farm to a pickup location as a service to the club.

THIS CLUB OPERATES ONLY AS A COOPERATIVE TO SHARE IN THE COST OF DELIVERY TO A CENTRALIZED LOCATION.

Signature also acknowledges that I have read and agree to the terms of the “Milk-It and Real Foods” Club GUIDELINES and that I also agree to the stated 10% delivery fee for transportation of the milk and foods from the farm to a pickup location near me.

Signature:

Date:

Print Name:

PLEASE SIGN AND RETURN THIS PAGE TO US

Send to: Immunitrition, LLC - P.O. Box 430 - Franklin Square, NY 11010-0430
E-mail to: milk-it@immunitrition.com Fax to: (480) 393-5410