

COTEAU COMMUNITY MARKET CO-OP MEMBERSHIP APPLICATION

First/given name:		M.I.:
Last/family name:		
Business or organization name:		
Street Address City/State/ZIP Code		
Mailing Address City/State/ZIP Code (if different from above)		
Email address:		
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
How did you find Coteau Community Market?	<input type="checkbox"/> I've been shopping here for a while <input type="checkbox"/> Word of mouth <input type="checkbox"/> CCM's website <input type="checkbox"/> Social media <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Ad _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Referred by _____	
Birth month and day:	____/____	

Membership type (choose one)

	Type	Cost	Description
<input type="checkbox"/>	Individual	\$100	An individual.
<input type="checkbox"/>	Institutional	\$500	Any entity (business, organization, political agency, etc.).
<input type="checkbox"/>	Student	\$20/year	Any individual currently enrolled in post-secondary education.

I am unable to make full payment at this time and would like information about financial assistance available to members via Coteau Community Market's Limited-Income Membership (LIME) Program.

I **do** **do not** (check one) give Coteau Community Market permission to welcome me by name on social media. (This will encourage people who know you to join.)

Institutional members only:

Voting delegate name and contact information: _____

Alternate voting delegate name and contact information: _____

Authorized individual (for purchasing): _____

Authorized individual (for purchasing): _____

Please choose one of the following options:

I'm going paperless! Help us save money and the environment by agreeing to receive Coteau Community Market's membership information, meeting notifications, sales flyers, newsletter, etc., by email.

I need a hard copy. I will pick up a newsletter or sales flyer in person at the store. Member notices will be mailed to me.

Please initial the following statements to signify your agreement:

_____ I am eighteen (18) years of age or older.

_____ I understand that memberships are non-refundable.

_____ I have been provided with a copy of Coteau Community Market's bylaws to read or have been informed of where they are available online before signing this application.

_____ I agree to the terms and conditions of membership as established in the bylaws.

_____ I give Coteau Community Market permission to send official co-op business emails to the email address I have provided.

_____ / _____ / _____
Signature Date

Please mail completed form and check to: Coteau Community Market c/o Annie Mullin, 1316 3rd ST NW, Watertown SD 57201.

FOR OFFICE USE ONLY

CASHIER

- Entered into membership database
- Full membership payment made Partial membership payment made \$ _____
- Limited-income assistance form attached

Name: _____ Date: ____/____/____

MANAGEMENT

- | | | |
|--|-------------|----------------------|
| <input type="checkbox"/> Added to email list | Name: _____ | Date: ____/____/____ |
| <input type="checkbox"/> Welcome email sent | Name: _____ | Date: ____/____/____ |
| <input type="checkbox"/> Online shop invitation sent | Name: _____ | Date: ____/____/____ |

Membership number: _____

Updated: August 9, 2021