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:	☐ Home ☐ Mobile ☐ Work	
How did you find Coteau Community Market?	☐ I've been shopping here for a while ☐ Word of mouth ☐ CCM's website ☐ Social media ☐ Newspaper ☐ Radio ☐ Ad _____ ☐ Other _____ ☐ Referred by _____	
Birth month and day:	_____/_____	

Membership type (choose one)

	Type	Cost	Description
	Individual	$100	An individual.
	Institutional	$500	Any entity (business, organization, political agency, etc.).
	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

☐ Added to email list Name: _____Date: _____/_____/_____
☐ Welcome email sent Name: _____Date: _____/_____/_____
☐ Online shop invitation sent Name: _____Date: _____/_____/_____

Membership number: _____

Updated: August 9, 2021