Kent Natural Foods Cooperative
Membership Application

Name: _____ D.O.B. _____(opt.)
Last First

Address: _____

City: _____ State & Zip Code: _____

Phone: (____)_____ Email Address: _____

Educational Institution (Student Members only): _____

Special Skills you can offer to the co op (Opt.) _____

I hereby apply for a membership in the Kent Natural Food Cooperative and Agree to comply with the rules and regulations thereof. This membership will be in effect for One Year from the date of application and must be renewed yearly to continue to receive the 5% member discount.

This is an individual membership and is only valid for a discount by the named individual, not by any family members or other associates.

Signature: _____ Date:_____

Please present this form with your full payment of:
Student Annual - $15 for a 12 month membership
Regular Annual - $25 for a 12 month membership
$250 for a Lifetime Membership.
Thank You !

==========
To be Completed by KNFC Staff:

_____ Application and ID verified by _____
√ if verified KNFC Staff member signature verifying application

Date Verified_____

Payment ($15) or ($25) or ($250): ___ Cash ___ Check ___ Credit Card

Expiration Date (12 months after payment of yearly membership) _____

Membership Card #: KNFC_____

Form modified 05.22.12