



Co-op Member-Owner Equity Application

Individual membership Business membership

Member Name: _____ \$ _____ (\$20 minimum)

Member Driver's License #: _____ State: _____ Phone number: _____

Mailing Address: _____ Town/State/Zip: _____

E-mail _____ e-receipt (Make sure to fill out your email)
(e-mail for e-receipt, newsletter, specials, news and info—not sold or shared)

I hereby apply for member/ ownership into Quincy Natural Foods Co-op, Inc. under the terms and conditions contained in the Articles of Incorporation, the By-Laws and amendments thereto, and the regulations enacted by the Board of Directors.

Signature: _____

For QNFC FRFC Use Only

Attach to a bar-coded membership application – Create membership – Attach receipt to application form and give the new member their packet.

PRINT AND RETURN TO EITHER STORE LOCATIONS