



# Co-op Member-Owner Equity Application

Individual membership    Business membership

Member Name: \_\_\_\_\_ Share Amount \$ \_\_\_\_\_ (\$20 min)

Phone #: \_\_\_\_\_ Driver's License or ID#: \_\_\_\_\_ State issued: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_  
(USPS mailing address for Co-op related news and Patronage Dividends information—not sold or shared)

E-mail: \_\_\_\_\_  e-Receipt (Make sure to fill out your email)  
(e-mail for e-Receipt, specials, news and info—not sold or shared)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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 there to, and the regulations enacted by the Board of Directors. Membership at Quincy Natural Foods Co-op, Inc. is individual and non-transferrable.*

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### For Staff Use Only

**Instructions:** Attach to a bar-coded membership application – Create membership –  
Attach receipt to application form and give the new member their packet. Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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