

MEMBER APPLICATION: HOUSEHOLD



BETHLEHEM
FOOD CO*OP



Online application available at bethlehemfood.coop/join

PLEASE PRINT CLEARLY

Primary Member Name (first and last) _____

Street Address _____

City/State/Zip _____

Email _____ Phone _____

I authorize the following individuals from my household to shop on my member card:

- Yes, you can announce that I am a new member on BFC social media and in the newsletter
- Yes, I would like a free yard sign to display

MEMBERSHIP PURCHASE

If this is a gift: the recipient should be listed above as the Primary Member. Your name: _____

Please select your payment option:

- I will pay the \$300.00 amount in full
- I will pay \$25.00 today AND make 11 additional monthly payments of \$25.00 each
- I will pay \$10.00 today AND make 29 additional monthly payments of \$10.00 each
 - I will sign up at bethlehemfood.coop/join to set up an automatic payment plan
 - Please invoice me

Form of payment:

- Payment (check or money order) made payable to Bethlehem Food Co-Op and mailed to P.O. Box 58, Bethlehem, PA 18016
- Automatic payment plan through Paypal or debit card withdrawal
- Cash
- Credit card

Name as it appears on card _____

Circle one: Visa Mastercard American Express Discover

Number _____ Expiration date _____ CSV code _____

Ownership terms:

- I hereby apply for ownership status in the Bethlehem Food Co-Op
- I agree to receive ballot materials and official correspondence by email
- I certify I am 18 years of age or older
- I understand that additional persons (*listed above*) may use my co-op account and do not have voting rights.

Member's signature: _____ *Date:* _____

Please mail application and payment to P.O. Box 58, Bethlehem, PA 18016. Or if paying with credit card, scan and email application to treasurer@bethlehemfood.coop.