

“Membership for All” Scholarship Program



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

NAME(S) OF ANY OTHER PEOPLE LIVING IN YOUR HOUSEHOLD:

If accepted, are you willing to be included in our marketing materials (your name and/or photo in our newsletter, social media, brochures, etc.)? NOTE: You will NOT be identified as a participant in the Membership for All program.

YES NO

How has food insecurity (not being able to get healthy food) affected you/your family? Please briefly describe your experience.

Please share why you would like to be a member of the Bethlehem Food Co-Op.

Bethlehem Food Co-Op
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