## PLEASE PRINT CLEARLY

	listed <i>below</i> as the Primary Member; fill out your r	
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 nev☐ Yes, I would like a free yard sign to dis	w member on BFC social media and in the newslett play    Yes, I would like information about	
$\square$ I will pay \$10.00 today AND make 29 a	additional monthly payments of \$25.00 each additional monthly payments of \$10.00 each app/join to set up an automatic payment plan	
Bethlehem, PA 18016  Automatic payment plan through Payl Cash Credit card Name as it appears on card Circle one: Visa Mastercard Americ		
Ownership terms:  ☐ I hereby apply for ownership status in ☐ I agree to receive ballot materials and ☐ I certify I am 18 years of age or older ☐ I understand that additional persons (	the Bethlehem Food Co-Op	ot have voting rights.

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**.