

Quincy Natural Foods Co-op Member-Owner Equity Application



Please Print Clearly

Member #1: _____ \$ _____ (\$20 minimum)

Member #1 CA DL#: _____

Member #2: _____ \$ _____ (\$20 minimum)

Member #2 CA DL#: _____

Total paid: \$ _____

Mailing Address: _____

Town/State/Zip: _____

Phone number: _____ E-mail _____
(e-mail for announcements, specials, news and info—not sold or shared)

Please check one: Renewing Member/Owner

New Member/Owner

Quarterly Newsletter: Mail to my home

No, save the postage. I'll look on the website or pick-up in store

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 Use Only

Please date each entry: Share Register _____ Mailed out: _____ CMS _____

