



Welcome new Member!

Mail this form with a check payable to:
The Assabet Village Food Cooperative, Inc.
54 Main St, Suite 205, Maynard, MA 01754

To provide necessary capital for the proposed retail food co-op, The Assabet Village Food Cooperative, Inc. dba Assabet Co-op Market, and to acquire a membership in the Cooperative, I agree to purchase one (1) member share at a price of \$200.

- My full Equity Share Payment of \$200 is enclosed**
- I would like to pay for my share in installments:**
My \$25 initial payment is enclosed. I will make monthly payments of \$25 until my equity share is paid in full.

Name _____

Address _____

Phone _____

Email _____

How did you hear about the Co-op?

- Social media
- Event/Table
- Website
- Family/Friend
- Other _____

I give permission for the Cooperative to list my name and town as a Member in promotional material, including on Facebook and on their website.

I do not want official correspondence sent to me electronically. Please send official correspondence via U.S.P.S. regular mail to the address listed above.

I authorize the following individuals from my household to shop on my Member card. Their purchases will count towards determining my Patronage Rebate. They will not have voting rights.

- I want to learn more about how I can help. Please contact me about volunteering.

Please Read and Sign

1. Only those Members who have paid in full will have voting rights and access to the Patronage Rebate program.
2. Membership and the rights of Membership are subject to the By-laws of the Cooperative, as they may be amended from time to time. I agree to be bound by such By-laws. I may access an up-to-date copy of the By-laws at www.assabetmarket.coop and may also receive a paper copy on request.
3. Member shares are not transferable. While Member equity is refundable, it is at the discretion of the Board of Directors.
4. I understand that, as with any start-up enterprise, Member equity is subject to risk, including the risk of loss. Member equity is subordinate to all other debts of the Cooperative.

Signature (I am 18 years or older)

_____ **Date** _____