

Food Co-Op of Indiana PA

Founding membership form

Thank you for joining to help support local food and the development of the co-op!

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Annual dues: \$25.00 (regular) \$50.00 (sustaining membership)

Cash: _____

Check: _____

The Food Co-Op of Indiana PA (“the co-op”) seeks to promote access to local food, advocate access to local foods for all income levels, and engage in educational activities about the benefits of local food.

I hereby join as a founding member of the Food Co-op of Indiana PA. With my investment, I become a member and part-owner of the co-op. This application as a founding member entitles me to have voting rights in this organization.

I understand that:

- The membership fee is non-refundable and does not guarantee personal financial benefits
- Membership in the co-op and status as a steering committee member is subject to the terms and conditions set forth in the co-op’s Articles of Incorporation and Bylaws
- The individual signing this membership agreement is the person who will have voting rights in the co-operative.

Signature: _____

Date: _____