



Membership Application Form

Thank you for your interest in becoming a member-owner! By joining the Farmington River Food Co-op, you are helping build a community-owned grocery store serving Northwest Connecticut.

Learn more at:

www.farmingtonriverfood.coop

Full Name: _____ Date of Birth (optional): _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone Number: _____

Email Address: _____

Preferred Contact Method: Email Phone Mail

GET INVOLVED (OPTIONAL)

Volunteer at events Join a planning committee Help with community outreach

I'd like more information about opportunities I prefer to support as a member only

AGREEMENT

Become a full member with a one-time payment of \$200. Get your ownership share and full voting rights upon approval of application.

Cash Check (Payable to Farmington River Food Co-op) Payment plan requested

By signing below, I understand this is a member-owned cooperative, and I wish to become a member-owner upon approval and payment of membership share.

Signature: _____ Date: _____

Please email completed form to hello@farmingtonriverfood.coop or mail to:

Farmington River Food Co-op
P.O. Box #46 New Hartford, CT 06057