

CreekSide Co-op

Your member-owned grocery store
in Cheltenham Township

P.O. Box 26773, Elkins Park, PA 19027

MEMBERSHIP APPLICATION

DATE: _____

NAMES OF HOUSEHOLD MEMBERS:

NUMBER OF HOUSEHOLD MEMBERS: _____

ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL ADDRESS: _____

MEMBERSHIP CAPITAL PAID AT TIME OF APPLICATION: \$ _____
(\$50.00 per year minimum payment. Fully vested when total contributions equal or exceed \$400.00)

FORM OF PAYMENT: CASH CREDIT CHECK

WOULD YOU BE INTERESTED IN VOLUNTEERING TO HELP CREEKSIDE CO-OP?

Please circle or list on the back of this form any special skills: architect, engineer, interior design, accounting, legal, graphic design, marketing, fundraising, web design, project management, grant writing, computers, etc.

RECEIPT OF MEMBERSHIP CAPITAL

The Undersigned hereby verifies that _____

has paid the sum of \$ _____ toward membership in CreekSide Co-op

on this _____ day of _____, 200_____.

Name:

Title: