



Member-Owner Application

Durango Natural Foods Co-op

Cashier Use Only:

New Member-Owner

Scan Code Sticker

Current Member-Owner

12 digit ID # _____

Cancel Current Membership

12 digit ID # _____

Signature of Cancelled Member-Owner: _____

Cashier Initials _____ Date _____

Member-Owner Equity Payment Schedule Selection:

\$100 Full Payment

\$20/Year for 5 Years

\$20/Quarter for 5 Quarters

New and Current Member-Owners:

Please Print

Name: _____ Address: _____

City/State/Zip: _____

Email: _____ Phone# (area code): _____

2nd Person on Member-Ownership: _____

Terms and Conditions:

1. I understand that this application is subject to the Articles of Incorporation and the Bylaws of the association.
2. I agree that only the two people listed on this application may use this membership.
3. I understand that the Primary Member is the person to whom all co-op mailings are addressed, and is the official voting member in all co-op elections.

Member-Owner Signature

Date