

Plainfield Co-op   
Member-Owner Form

Minimum payment toward the $180 equity total is

$20 **per adult** per calendar year.

Children under 18 are included for free.

(Physical Mailing Address is required)

**Name (one only):**

**Children’s Names (if applicable)**

**Mailing Address:**

**Town/City: State: Zip:**

**Phone Number:**

**Email address:**

Are you a new Member-Owner? Updating info? New Update

Are you interested in being a Working Member-Owner? YES NO

(3% discount for 1hr/wk, 7% discount for 2hr/wk)

Would you like a copy of the co-op bylaws sent to you? YES NO

(Bylaws are also available on our website!)

Would you like to receive the quarterly newsletter by email? YES NO

Comments:

**Member-Owner Signature Required Date**

**Member-Owner Number (from CoPOS): Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by (Co-op staff): How Paid (circle): cash/check/card**