



Plainfield Co-op Member-Owner Form

The total equity share is \$180 **per adult** and may be paid in installments of **\$20 per calendar year**.

Children under 18 are included for free.

A minimum payment of at least \$20 is required to begin membership.
(Physical Mailing Address and signature are 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 _____

What is your date of birth? (Used for Senior Discount status only) _____

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