NEW MEMBERSHIP FORM

*Membership applies **per household** and does not extend beyond. Working Members agree to work two hours per month in the store scheduled in advance (24 hours per year). Non-Working Members pay an additional $20 per month, or one advance discounted payment of $216.*

Managers Use Only

Date:_____ Amt:_____

Payment Type: _____
Mgr. Initials: _____

New Member: Dues Per Calendar Year

_____ Working Member, $30, plus 2 hours of work each month

_____ Non-Working Member, $30, plus $240, paid in installments of $20 per month

_____ Non-Working Member, $30, paid in advance, one discounted payment of $216

Please Read & Complete Carefully --- PLEASE PRINT LEGIBLY

To list more than two adult residing household members that will be shopping, please use reverse side.

Last Name, First Name (s)

Mailing Address/Street or PO Box:

City/State/Zip:

Telephone: – –

Email Address:

By providing my email address, I give permission to SCFC to put me on SCFC's E-Newsletter List so that I may receive the monthly newsletter. SCFC will only use my email address for SCFC business, generally limited to monthly newsletter distribution, initial job scheduling and annual renewal information.

☐ **As a Non-Working member**, I agree to pay an additional $20 per month or one advanced discounted payment of $216.

☐ **As a Working member**, I agree that in addition to paying yearly dues, I must complete 2 working hours per month; otherwise I agree to pay the Co-op $10 per hour each month for missed work to continue receiving member price.

Co-op Work Schedule: _____ **Outside Job (if applicable):** _____

_____

_____

Job Scheduler Use Only:
Date: _____ ☐ Schedule Confirmed
Contact: ☐ email ☐ phone Dates: _____
☐ DB Update ☐ Calendar ☐ Card File

Signature: _____ Date: _____