

# Purple Porch Co-op

## Membership Application

*Please print information legibly*

NAME

CHECK BOX IF A BUSINESS

*(Member of Record)*

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

PHONE (home/work/mobile)

PHONE (h/w/m)

**Additional ADULT household members using Purple Porch Cooperative**

**Terms and Conditions**

- I agree that only persons living in my household will use this membership.
- I certify that I am at least 18 years of age.
- I understand that "Member of Record" is the person to whom all official Co-op mailings are addressed and to whom official voting rights (for level 2 memberships) accrue in all Co-op elections.

**Check below if applying for voting member:**

- I agree to volunteer 6 times during the year in order to maintain voting rights.
- I understand that as a member I am agreeing to support the mission and goals of the Co-op and to abide by the provisions of the Articles of Incorporation, the Bylaws and Policies of Purple Porch Co-op as they now exist or from time to time may be amended.
- I understand that this application for membership is subject to approval by the Board of Directors and the Bylaws of the Purple Porch Cooperative, Inc.
- I understand that my membership fee will be up for renewal 1 year from my initial payment.
- I understand that I may apply for a work scholarship. Details are available on the website.

**Signature**

**Date**

Make checks payable to Purple Porch Cooperative. Application and payment due at distribution center.

<input type="checkbox"/> <b>Level 1: Consumer Membership:</b> \$35 annual <input type="checkbox"/> <b>Level 2: Voting Membership:</b> \$35 annual, <b>plus</b> volunteer hours on 6 distribution days (or the equivalent)
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Payment enclosed: _____ Remainder due: _____ Will pay in _____ (#) installments <input type="checkbox"/> Please contact me about applying for a work scholarship
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As confirmation of your membership, you will receive a Membership Number. The Bylaws are posted on-line.

Office Record Only

Remainder to be paid in \_\_\_\_\_ monthly/quarterly payments of \$\_\_\_\_\_ by 1 year from above date.

PPC Representative

New Member #: