

The Healthy Foods Co-op and Café

110 W. Washington Street, Lexington VA 24450

Store hours: Monday – Friday, 9 AM to 6 PM
Saturday, 9 AM to 5 PM, Closed Sunday.

_____ New Member
_____ Renewal

Application for Membership (Please Print) 2011 - 2012

Last Name _____ First _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

Household members

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

On behalf of myself, and the household members named, I apply for membership in the Healthy Foods Co-op, a for-profit cooperative corporation and submit membership dues of \$36 (Thirty-six dollars) for a household or \$24 (Twenty-four dollars) for an individual, or the membership fee as determined by the Payment Schedule for Pro-Rating Annual Membership below for a one year membership. The membership year is June 1 to May 31 and must be renewed annually.

By signing this application and paying the annual membership, I accept the policies and mission of the Healthy Foods Co-op, as well as the privileges and benefits of membership.

Signature of applicant _____ Date _____

Payment Schedule for Pro-Rating Annual Membership

	June	July	August	Sept.	Oct.	Nov.
Individual	\$24	\$22	\$20	\$18	\$16	\$14
Household	\$36	\$33	\$30	\$27	\$24	\$21
	Dec.	Jan.	Feb.	March	April	May
Individual	\$12	\$10	\$8	\$6	\$4	\$2
Household	\$18	\$15	\$12	\$9	\$6	\$3