

FoodRoots Distributors Co-operative

Growing a Local, Sustainable Food System

MEMBERSHIP APPLICATION AGREEMENT

Information provided here is confidential and only for internal use within the co-op.

Date Received: _____ Member # _____

Name: _____

Address: _____

City: _____ Postal Code: _____ Neighbourhood: _____

Home Phone: _____ Other Phone: _____

Email: _____

Occupation: _____

Share Purchase:

Individual shares in FoodRoots Distributors Co-op can be purchased for \$200 each. Each member is required to purchase a minimum of one share. This share represents the extent of the financial obligation of individual members. Shares can be paid for in full at the time of submitting this agreement or overtime – with four monthly post-dated cheques of \$50.

_____ I would like to pay the full purchase price of \$200 now. My cheque is attached.

_____ I would like to purchase my share through instalments. Four post-dated cheques are attached.

_____ I understand that if I terminate my membership - in writing – my membership fees will be fully refunded within 180 days of my notice.

What skills/interests do you have that could contribute to FoodRoots activities?

- | | |
|-----------------------------|-------------------------------------|
| _____ Computer Skills | _____ Organic Gardening |
| _____ Writing Grants | _____ Writing Promotional Materials |
| _____ Graphic Design skills | _____ Community Presentations |
| _____ Community Outreach | _____ Event Co-ordination |
| _____ Bookkeeping | _____ Market research |
| _____ Educational Materials | _____ Class 4 Driver's License |
| _____ Workshop Facilitation | _____ Web Design |

Do you have particular areas of interests in FoodRoots activities?

- | | |
|---|----------------------|
| _____ Sustainable Feasts | _____ Pocket Markets |
| _____ Newsletter | _____ Grant Writing |
| _____ Bookkeeping | |
| _____ Developing Educational Materials | |
| _____ Direct Outreach and Promotion and Marketing | |
| _____ Assisting with Co-ordination of food distribution | |

How often or how many hours are you available to help with the on-going work of FoodRoots? _____

_____ I agree to accept full responsibility for my health and safety while participating in any activities of the co-op.

Signed: _____ Date: _____