



MEMBERSHIP APPLICATION FORM

JOIN DATE: ____ / ____ /2012

PLEASE TICK HOW LONG YOU WOULD LIKE TO JOIN FOR

6 MONTHS - \$16.25..... **12 MONTHS \$32.50.....**

MEMBER: (ONE ONLY PER MEMBERSHIP)

FIRST NAME: _____

SURNAME: _____

POSTAL ADDRESS: _____

TOWN: _____ **POST CODE:** _____

PHONE NUMBER: _____

OTHER HOUSEHOLD RESIDENTS: _____
(WHO MAY SHOP AT MEMBER'S PRICES)

EMAIL: _____
(TO SEND OUT NEWSLETTER)

JOINED BY STAFF MEMBER: _____

**A PERMANENT MEMBERSHIP CARD WILL BE POSTED OUT TO YOU,
ONCE YOUR MEMBERSHIP HAS BEEN APPROVED BY THE BOARD.**

*In the event that your membership is not approved, you will be notified and
pro rata payment will be refunded to you.*

THANK YOU FOR JOINING THE BM FOOD CO-OP