



**MEMBERSHIP APPLICATION FORM**

JOIN DATE: / / 2018

PLEASE TICK HOW LONG YOU WOULD LIKE TO JOIN FOR

6 MONTHS - \$17.50  12 MONTHS - \$35.00

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: .....

ONCE YOUR MEMBERSHIP HAS BEEN APPROVED BY THE BOARD YOU WILL RECEIVE  
A WELCOME LETTER. YOU CAN THEN PICK UP YOUR PERMANENT MEMBERSHIP  
CARD IN THE SHOP.

THANK YOU FOR JOINING THE BM FOOD CO-OP

**CARD NUMBER** \_ \_ \_ \_



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