



Equity Member Application

First Name (print) Last Name (print).....

Signature Date

Mailing Address

City State Zip Code

Tel. Email (Print).....

Other household members: (maximum 4) must be living in same household.

Name

Name

Name

Name

Equity Membership fees:

☐ Equity Membership.....\$ 100.00

☐ Equity Yearly Payments\$ 25.00/ (4 **yearly** payments)

Only 1 Membership card will be issued for each application.

Application form received by:	Date:
staff/working member name	

Amount Paid:	Membership card issued:
--------------------	-------------------------------

Welcome bag given:

Receipt printed and attached to application form on lower right side:

Contact Information:

Yelm Food Cooperative – PO Box 2583 – Yelm, WA 98597--360-400-2210