

Membership Contract



Member #: _____

Primary Member

Name (Please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Would you like ereceipts?
Yes No

May we contact you via the email address provided above with:
CCM Enewsletters? Yes No

Household Up to 3 individuals residing in your household who can use this account.

Name: _____

Name: _____

Name: _____

Healthy Food Access (HFA)

CCM members currently enrolled in a financial assistance program are eligible to sign-up for 10% off CCM groceries with our HFA program. Complete the following to apply now:

I understand that:

- My information will be used for co-op membership and the CCM Healthy Food Access Program only
- I will be contacted when it is time for annual renewal
- My information is confidential

I have shown proof of current enrollment in a financial assistance program to CCM Staff for verification. Examples of acceptable documents:

- Copy of current WIC, SNAP/EBT, or VA Benefits Card
- Statement from DCF for food stamp benefits

OR

- Letter of eligibility from partner organization (Social Security Disability Insurance, VA Benefits, Supplemental Security Income Benefits, Section 8 Housing Assistance, Refuge Cash Assistance, etc.)

CASHIER USE:

Staff Name: _____

I have verified proof of enrollment document(s)

Date: _____

Payment Plan

Please select your preferred payment schedule

Pay All At Once

\$100 one-time payment today

Annual Partial Payments

\$25 per year, 4 payments total

Signature: _____ Date: _____

By signing this contract, I agree to become a Member of Community Co-op Market.

Acceptable forms of payment include credit/debit cards and gift cards.

CO-OP USE ONLY

Investment amount: _____ Staff Name: _____ CRM input: _____

Notes: _____

Date HFA member notified: _____ Date HFA discount turned on: _____