



Membership Application

Name: _____

(legal member of record, household members are included)

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you interested in hearing about volunteer opportunities at Lost River? (Yes/No)

Terms and Conditions

- I agree that only persons living in my household will use this membership.
- I certify that I am at least 18 years of age.
- I understand that the "Legal Member of Record" is the person to whom all official Co-op mailings are addressed and to whom official voting rights accrue in all Co-op elections.
- I understand that full rights of membership are granted upon full payment of the membership fee.
- I understand that as a member I am agreeing to support the mission and goals of the Co-op and to abide by the provisions of the Articles of Incorporation, the Bylaws and Policies of Lost River Community Co-op as they now exist or may from time to time be amended.
- I understand that this application for membership is subject to the approval of the Board of Directors and that my membership is subject to the Articles of Incorporation, the Bylaws and Policies of the Lost River Community Co-op.
- I agree to pay a one-time membership investment of \$90.00. Payment may be made in full or installments. Balance due will be billed quarterly.
- I agree that my contact information may be shared with other Co-op members when requested in order to strengthen the Co-op community. I hereby authorize Lost River Co-op & Cafe to publish any photographs taken of me for use in the Lost River Co-op & Cafe printed publications and/or website.

I agree to the above terms and conditions

Signature _____ Signature Date _____

If mailing, you may mail your application to: Lost River Co-op & Cafe, 26 Library St, Paoli, IN 47454. You may sign up in store or online at www.lostrivercoopcafe.com/become-a-member

For staff use:

Amount Paid: _____ Payment method: _____

Member Number: _____ Date Processed: _____

Staff Signature: _____