



Bethesda CO-OP

Natural Food Market

NEW MEMBER APPLICATION

*By joining the Bethesda Co-op you are supporting the principles of
Hard Work, Community & Cooperation upon which we were founded over 35 years ago*

Name/s: (Please Print): _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

How did you find out about the Co-op?

For Cashier Use Only:
New Member # _____
Cashier: _____
Date: _____
PAID: Check _____ Cash _____ Credit _____

Sign Me Up for:

Community Member for one year:

Hereø my payment of \$25.00*. Community Membership entitles my household family members (only) to a 5% discount on all food and supplement purchases, except sale items. My household also has one vote at membership meetings. [*Normally \$50; \$25 promotion valid through Jan 1, 2016]

Volunteer-Worker Member:

In exchange for volunteer work I will receive a discount on food and supplement purchases, except sale items. I will also have one vote at membership meetings.

Volunteer Members are needed for a variety of activities that count toward your volunteer discount as follows:

8 hours per month = 5% discount

12 hours per month = 10% discount

18 hours per month = 15% discount

Please call Pauline at 301 320-2530 for more information on your area(s) of interest and what is currently available for volunteer participation at the Co-op.*

**Please note all volunteers must be at least 18 years of age.*

Bethesda Co-op thanks you for your support!

6500 Seven Locks Rd. Cabin John MD 20818

301-320-2530 ~ www.bethesdacoop.org

Serving Our Community since 1975