

# *Kent Natural Food Cooperative*

## Application For Membership

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Last

First

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Others in household to be served by Membership: (eighteen years old and under)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Upon Termination of membership, or dissolution of Cooperative Market. In the event that I should not be able to be located for the return of my owners investment. I hereby instruct and authorize the cooperation to dispose of said investment as follows: \_\_\_\_\_

I hereby apply for membership in the Cooperative Market and Agree to comply with the rules and regulations thereof:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form with your payment of (\$45 full payment, or \$20 partial) to:**

**KNF CO-OP  
151 E. Main, St  
Kent, OH 44240**

**Or drop it off in person. Thank You !**