



Cambridge Food Co-Op  
1 West Main Street  
Cambridge, NY 12816

**Membership**  **Application**  
 **Renewal**

Our Membership is open to all regardless of ability to pay, if you would like to have your annual membership fee waived, please **X** the appropriate box below. Waiver requests will be kept confidential. Please complete the form below to ensure we have your record and proxy up to date.

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

(email addresses will not be shared or sold)

**Please be sure to sign the proxy statement below. This will serve as your permission to use the proxy in lieu of your presence so that a quorum may be established at Cambridge Food Co-Op Membership Meetings should you not be able to attend.**

I designate this Proxy to be used in lieu of my presence for the purpose of establishing a quorum at Cambridge Food Co-Op Meetings. \_\_\_\_\_  
(signature, your name)

**OR**

I decline to designate a proxy \_\_\_\_\_  
(signature, your name)

- I am renewing my Cambridge Food Co-op Membership at the following level:
  - Supporting Member** (circle one) 1 year=\$40.00 2 year=\$76.00 3 year=\$108.00
  - Working Member** (circle one) 1 year=\$40.00 2 year=\$76.00 3 year=\$108.00
  - Lifetime Member** one-time payment \$500.00
- Please **waive my fee** due to financial hardship.
- I would like to **sponsor a membership** for a fellow member who is experiencing financial hardship. Enclosed is an additional \$ \_\_\_\_\_.
- I would like to make an additional **(not tax-deductible) contribution** to the Cambridge Food Co-op. Enclosed is an additional \$ \_\_\_\_\_.

**For office use only**

- Excel
- Gmail
- Mailchimp
- Card restored/made
- QB

**For Register Worker only**

- Fee Waiver
- Amount received \_\_\_\_\_
- Received by \_\_\_\_\_
- Date received \_\_\_\_\_
- Renewal Flag removed