4TH STREET FOOD CO-OP
58 East 4th St, NYC 10003
212-674-3623 / 4thstreetfoodcoop.org

MEMBERSHIP & RENEWAL FORM

New Working Members: Do NOT complete this form or pay any dues before completing a training session. The training session sign-up board is located at rear of the store.

LAST NAME, FIRST NAME

STREET ADDRESS

CITY **STATE** **ZIP CODE**

PHONE - -

EMAIL

DAYS and TIMES AVAILABLE TO WORK: This will be used by scheduling to find you a time slot to work. Check your available days and write your possible time slots. Please provide at least two alternatives.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Slot 1	-	-	-	-	-	-	-
Slot 2	-	-	-	-	-	-	-

- Other Helpful Skills: _____
- How did you hear about 4th St Coop? _____

MEMBERSHIP

☐ CHECK HERE IF YOU ARE RENEWING YOUR MEMBERSHIP DUES.
☐ CHECK HERE IF YOU ARE RENEWING AND **ALSO** SELECTING A DIFFERENT MEMBERSHIP TYPE.

✓	MEMBERSHIP TYPE	ANNUAL DUES	DISCOUNT %	MEMBERSHIP DETAILS
	WEEKLY WORKING	$25	20%	Work 2.25 hours per week (also applies to Working Group Shifts)
	SHARED WORKING	$40	15%	Share a weekly working shift (2.25 hrs) with someone.
	NON WORKING	$35	8%	Receive discount without working
	WEEKLY WORKING HOUSEHOLD	$35	20%	Work 2.25 hours per week Household members can share membership discount.
	NON WORKING HOUSEHOLD	$45	8%	Household members can receive discount without working.
	SUMMER	0	20%	Work 2.25 Hours per week from May 1 – August 31. Expires Aug 31.

I UNDERSTAND AND AGREE TO THE FOLLLOWING MEMBERSHIP TERMS:

- I agree to pay my dues annually and understand that no membership will be active unless my dues are paid
- If unable to work my shift I agree to find my own replacement and make up missed hours.
- I am committed to my shift schedule, however if my availability changes I agree to consult Membership working group and scheduling.
- Before resigning I will give membership and scheduling at least three shifts notice, via phone and/or email. I will need to return my membership card and lose membership privileges.
- I understand that failure to take these steps will result in loss of all membership privileges.
- I have 30 days from submittal of this form to cancel and receive a refund of my membership dues.

Member Signature: _____ DATE: _____

2nd Member Name (if applicable): _____ DATE: _____

TRAINING	CASHIER TO COMPLETE BELOW		MEMBERSHIP
Trained By/Date:	TOTAL AMOUNT RECEIVED:	$ .00	EMAIL/CALL IN DB
	REGISTER RECEIPT #		CARD/STICKER
	CASHIER NAME		