



ORIENTATION DATE		
/	/	
MM	DD	YYYY

MEMBERSHIP APPLICATION

By submitting this application, the new member agrees to adhere to the mission statement and regulations set forth by the cooperative. The cost of membership shall be \$100 with a \$25 filing fee. The membership investment is refundable, considering the coop's financial stability, upon termination of membership. New members shall receive a membership card along with a copy of the by-laws and membership manual.

NAME:	_____	_____	_____
	FIRST		LAST
ADDRESS:	_____		

PHONE(S):	_____		
	HOME	CELL	WORK
E-MAIL:	_____		

Please list other ADULTS (18+) in your household:	WHY IS THIS IMPORTANT?
_____ <input type="checkbox"/> Already B&R Member	In order to maintain an equitable system of mutual aid ALL adults who benefit from member prices in a household are required to be working members. If you have questions about this policy please ask a membership officer to explain its significance.
_____ <input type="checkbox"/> Already B&R Member	
_____ <input type="checkbox"/> Already B&R Member	
_____ <input type="checkbox"/> Already B&R Member	

Do you wish to donate any or all of your \$100 investment?*	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how much?
(*Please note that donations are non-refundable)		_____
NOTE: If you decide to start a payment plan, B&R requires a minimum payment of \$5/month (every month) until total amount due has been paid in full, if this amount is not financially feasible contact the Membership Office to secure a new payment plan. If you neglect a payment, membership will be suspended until all late payments have been made.		

By signing this application you acknowledge that all information is complete and accurate and that you agree to adhere to Bread & Roses' Bylaws and Mission Statement.	
SIGNATURE: _____	DATE: _____

Membership dues can be paid in cash or by check made payable to **BREAD & ROSES** Food Cooperative. Application form and dues can be submitted in person to a coordinating committee member or checks can be mailed to the Membership Officer at **1612 N. MLK Jr. Blvd., UP, Tallahassee, FL, 32303**. If you have any questions regarding the status of your application contact the Membership Officer at **(850) 294-0477** or send an e-mail with your question to **membership.brhc@gmail.com**.

D.R.: / /	A.R.:	P.M.: CASH / CHECK	CHK#:	MEM#:
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AVAILABILITY: (work slots will be ~3 hours, circle all available time blocks [ex. 1 - 9] for complete availability. Does not reflect store hours)

- MONDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- TUESDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- WEDNESDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- THURSDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- FRIDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- SATURDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9
- SUNDAYS **TIME (circle time block):** 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9

EXPERIENCE: (check ALL that apply)

- Co-op Organization / Team Management Experience
- Cleaning / Maintenance (routine cleaning, upkeep, painting)
- Cashier Experience (operating register, customer check-out)
- Enjoy Phone Work (contacting distributors, members, etc.)
- Customer Service Experience (greeting, conflict resolution, etc.)
- Grocery Experience (stock, shipments, etc.)
- Paper Work / Data Entry (inventory, scheduling, etc.)

Other useful skills / experience:

SKILLS: (check ALL that apply)

- Computers (list applications): _____
- Data Base Programming / Operation (please explain): _____
- Construction / Electrical / Plumbing (please explain): _____
- Own a truck or van

LANGUAGES: Spanish ASL Other: _____ can interpret at meetings

Date Received: ___ / ___ / ___

[OFFICE USE ONLY]

PAYMENT PLAN **PAID IN FULL**

Payments will be \$_____ paid by the _____ day of every month, until complete payment of dues has been made.

Amount Received	Date	Payment Type
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)
_____	___ / ___ / ___	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (#: _____)

Member #: _____

Entered Comp.

Entered by Initials: _____

Date Entered: ___ / ___ / ___

SQUAD: _____ **DAY:** _____

(circle) A B C D Cashier

TIME: _____ - _____

Proof of Identity [current photo ID]

- Drivers License Student ID
- Passport
- Other: _____