

Bread and Roses Food Cooperative / 915-2 Railroad Ave, Tallahassee, FL 32310
(850) 425-8486

MEMBERSHIP TERMINATION REQUEST

I. Please print your name and address below.

First Name M.I. Last Name Member #

Address & City Zip Code

Telephone No.

I hereby request that my membership to Bread and Roses Food Cooperative be terminated. I understand that according to the rules and regulations set forth by Bread and Roses, the cooperative reserves the right to return my membership investment to me in a timely manner, less the filing fee of \$25, depending on the financial stability of the co-op at that time. I also understand that my membership card must be returned to the co-op upon termination.

I am requesting \$ _____ of my investment be returned to me in a timely manner. I would like \$ _____ to be donated to B&R.

Member Signature Date

II. We have appreciated you being a member of Bread & Roses. To help us improve the co-op, please take a minute to briefly explain your reason for leaving B&R.

FOR OFFICE USE ONLY

Termination received by: _____ mail _____ in person

Card received: _____ (y / n) Donated mem. investment? _____ (\$ amount)

B&R return ck # _____ Date _____ Initials: Fin _____ & Mem _____