

CLOVERBELT LOCAL FOOD CO-OPERATIVE INC.

The Cloverbelt Local Food Co-Operative aims to strengthen food security by encouraging diverse local food production, thereby enhancing overall rural sustainability.

| MEMBERSHIP APPLICATION | | |
|--|------------------|--------------|
| APPLICANT INFORMATION | | |
| Organization or Member Name: | | |
| Email: | Home phone: | Cell Phone: |
| Current address: | | |
| City: | Province: | Postal Code: |
| SPOUSE INFORMATION IF JOINT MEMBERSHIP | | |
| Name: | | |
| Phone: | Alternate email: | |
| CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED | | |
| Name | Name | |
| Name | Name | |
| I WISH TO BECOME A CONSUMER MEMBER | | |
| I have included \$25 cash or cheque with my membership application. | | YES NO |
| I WISH TO BECOME A VENDOR MEMBER | | |
| I have included \$50 cash or cheque with my membership application. | | YES NO |
| Please describe the type of products you wish to sell through our co-op: | | |
| | | |
| | | |
| | | |
| | | |
| I WISH TO BECOME AN ORGANIZATIONAL MEMBER | | |
| I have included my minimum donation of \$50 by cash or cheque with my application. | | YES NO |
| Representative name: | | |
| SIGNATURES | | |
| I have read the co-op membership by-laws and handbook and agree to adhere to co-op policies. I understand my membership will not be accepted without providing a valid email address, my membership fee is non-refundable, and I agree to alert the co-op of any changes to my personal information. | | |
| Signature of applicant: | | Date: |
| Signature of spouse (only if for a joint membership): | | Date: |

We strive to foster a thriving local food community by:

- cultivating & facilitating farmer-consumer relationships;
- promoting the enjoyment of naturally grown, fairly priced, healthy food; and
- providing education & resources regarding environmentally sensitive agriculture.

Please return your completed form with payment by mail:

Cloverbelt Local Food Co-Op

P.O. Box 668
Dryden, ON P8N 2Z3