

# MEMBERSHIP FORM

Date \_\_\_\_\_

	<u>Annual</u>	<u>Paid in Full</u>	<u>Check Member Type</u>
Student	\$15	n/a	___
Student Household	\$25	n/a	___
Individual	\$28	\$100	___
Family	\$36	\$135	___
Business	\$40	\$150	___
Volunteer 15 hours must occur within first 6 months			___

**Name** \_\_\_\_\_  
(Primary Cardholder)

**Other Cardholders** \_\_\_\_\_  
(For Family, Business or Sponsor Members ONLY)

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

**City, State, ZIP** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** (for newsletter & specials) \_\_\_\_\_

\*Volunteer hours need to be completed within 6 months of joining the Co-op.

**I am interested in the following volunteer activities**  
(optional)

\_\_\_ Stocking Shelves                      \_\_\_ General Store Cleaning  
\_\_\_ Home Grocery Delivery            \_\_\_ General Office (Filing, etc.)  
\_\_\_ Distributing Flyers (RMC specials)

Please submit the completed application and payment to the cashier.  
We accept cash, check or credit cards. You will receive your membership card in the mail.

**Thank you for joining the Regent Market Co-op!**



2136 Regent Street, Madison, WI 53726  
608.233.4329 • regentmarketcoop.org