



# Member-Owner Application and Modification

Durango Natural Foods Co-Op

Cashier \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ **New Member-Owner**

**Scan Code Sticker**

\_\_\_ **Existing Member-Owner**                      **Acct Num** \_\_\_\_\_

\_\_\_ **Change Account Information**                      **Acct Num** \_\_\_\_\_

\_\_\_ **Cancel Current Membership**                      **Acct Num** \_\_\_\_\_

\_\_\_ **Replacement Card**                      **Old Acct Num** \_\_\_\_\_

\_\_\_ **\$3 Fee**                      **Cashier – place new Scan Code Sticker above**

**Note - this may take a few days to take effect**

*\*New Owners: Please fill out the green section and present to your cashier during your next visit to DNF*

### Select or Change Equity Payment Schedule

\_\_\_ **\$100 Full Payment**                      \_\_\_ **\$20/Year for 5 Years**  
\_\_\_ **\$20/Quarter for 5 Quarters**

**New and Current Member-Owners**                      Please Print

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2<sup>nd</sup> Name on Ownership:** \_\_\_\_\_ **or DELETE NAME?**

### Terms and Conditions:

1. I understand that this application is subject to the Articles of Incorporation and the Bylaws of the association.
2. I agree that only the two people listed on this application may use this membership.
3. I understand that the Primary Member is the person to whom all co-op mailings are addressed, and is the official voting member in all co-op elections.

\_\_\_\_\_  
**Member-Owner Signature**

\_\_\_\_\_  
**Date**