



MEMBER-OWNERSHIP APPLICATION

Any person who supports the **North Flint Food Market** can join the co-op for \$250. Membership is for life. Once you pay for the full membership fee, there are no annual renewal fees! Membership carries full voting privileges (one vote per membership). Your membership may carry your name and the name of one other household member. Members are able to participate in the decision-making that decides just what kind of grocery store we have!

If you are unable to pay the full cost of membership at the time of this application, you can pay \$25 and enter into the North Flint Food Market payment plan, making monthly payments until the full \$250 membership fee is paid. As long as you are current in your payments, you will have full membership rights, including voting rights.

Select the ownership option that best fits your situation

- Make full payment today of **\$250**.
- Enter the NFFM Payment Plan today, with a Partial payment of: \$_____ *(If you choose this option, you must also complete and sign the back of this form.)*

Owner Name: _____

Additional Household Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What is your age? (Circle one): 12-17 18-24 25-30 31-40 41-50 51-64 65 or older

Payment Plan Agreement

Participate in the North Flint Food Market Payment Plan. This means I have paid at least \$25 but less than \$250 toward my full lifetime membership, and I am agreeing to pay at least \$25 per month until I have paid the full \$250 membership fee.

I understand that payments are due and payable the first day of every month until I have paid my membership in full, and will be counted late if they are received later than the fifth day of the month.

I understand that the responsibility for making payments in a timely way falls on me, and I will endeavor to keep current with my payments whether I am reminded to pay or not.

Amount paid as of signing date: \$ _____
Signature: _____
Date: _____
<i>Please return your completed form with payment by mail to: NFRC, 1159 E. Foss Ave., Flint, MI 48505</i>

	<i>Staff use only.</i>	Owner #: _____
Date received: _____	Amount of payment: \$ _____	
Form of payment: Check Cash Credit/Debit card		
Payment Plan: Yes No	Payment plan agreement signed: Yes No	
Balance remaining (if partial payment): \$ _____	Receipt issued: Yes No	
Ownership card issued: Yes No	Date issued: _____	
Entered into database: Yes No		
NFFM Representative (print & sign): _____		