



MEMBER #

# MEMBERSHIP

JOIN DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**YES! I am interested in investing in the future of Lefferts Community Food Cooperative! I would like to join as a:** (PLEASE CHECK ONE)

**WORKING MEMBER**

**Working members expect to contribute work and to shop at the store, at 324 Empire Boulevard.**

Working Members agree to join a committee and fulfill a volunteer commitment and have member rights.

**WORKING MEMBERSHIP INVESTMENT & ADMINISTRATIVE FEE**

Joining LCFC requires a **one-time \$100 investment and a \$25 administrative fee**. The membership investment is *refundable* (or donated) upon leaving the food co-op. The administrative fee is **not** refundable. *The administrative fee is waived for low-income members.*

- \$125 PAID IN FULL**
- PAID IN FIVE (5) \$25 INSTALLMENTS**
- \$25 LOW-INCOME OPTION** (Admin Fee waived)  
Please submit low income verification your form.  
(see page 4)

**ADDITIONAL INVESTMENT**

Some members may wish to contribute an additional investment. See the "Co-op Investor" option at right.

- SEED INVESTOR: \$50**
- SPROUT INVESTOR: \$75**
- GROWTH INVESTOR: \$100**
- HARVEST INVESTOR: \$150**
- OTHER AMOUNT: \$ \_\_\_\_\_**

**PAYMENT TOTAL**

**PAYMENT TYPE**  check  online  
 money order

**YOUR INFORMATION** (PLEASE PRINT CLEARLY)

**NAME:** \_\_\_\_\_  
FIRST LAST

**ADDRESS:** \_\_\_\_\_  
STREET APT #

\_\_\_\_\_  
CITY STATE ZIP

**CONTACT:** \_\_\_\_\_  
EMAIL MOBILE PHONE  
\_\_\_\_\_  
HOME WORK

**Please check the best way to reach you:**

- Email**
- Phone**
- Mail**
- Text**

# IF YOU ARE JOINING AS A WORKING MEMBER, PLEASE ANSWER THESE QUESTIONS. (IF NOT, PLEASE SKIP TO THE LAST PAGE)

Are you a member of the Park Slope Food Coop?  Yes  No

Are you interested in working your PSFC Workshifts with us?  Yes  No

Active PSFC members have the opportunity to work FTOP with our food coop. If you are interested in doing your PSFC workshifts with us, please list your PSFC member number. Someone will contact you.

PSFC Member # \_\_\_\_\_ PSFC Committee \_\_\_\_\_

## CHOOSE A WORKSHIFT

Do you have a need for child care during your shift?  Yes  Sometimes  No

Please check up to three (3) committees you would like to join.

The Committee Leader will contact you with more information on what needs to be done. For a full list of committee and subcommittee descriptions, please see [www.leffertsfoodcoop.org](http://www.leffertsfoodcoop.org)

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Events      | <input type="checkbox"/> Outreach       |
| <input type="checkbox"/> Building/Maintenance | <input type="checkbox"/> Finance     | <input type="checkbox"/> Receiving      |
| <input type="checkbox"/> Buying               | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Shopping       |
| <input type="checkbox"/> Child Care           | <input type="checkbox"/> Legal       | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Communications       | <input type="checkbox"/> Membership  | <input type="checkbox"/> Technology     |

## SPECIAL AVAILABILITY AND INTERESTS

The co-op is always looking for people who have special skills or interests to assist us in our development. Please check *any and all that apply*:

AVAILABLE WEEKDAYS:  Daytime Hours: 5:30 am - 6 pm  other \_\_\_\_\_

AVAILABLE WEEKENDS:  Early AM (e.g. 6 AM)  Afternoons  Saturday evening  Sunday evening

OUTREACH:  Community Organizing  Phone Work  Talking with People

Carpentry  Cleaning

Data Entry and Detail Work

Graphic Design  Store Design

Editorial Writing  Copywriting/Advertising  Proofreading

Legal

Project Management

Delivery/Shipping  Purchasing

Human Resources

Database Programming

Kosher  Halal  Vegetarian/Vegan

Interpretation (Language \_\_\_\_\_)

Written Translation (Language \_\_\_\_\_)

Spoken Translation (Language \_\_\_\_\_)

Own a Vehicle  Car  Pick-up  Van  Other \_\_\_\_\_

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## MEMBER AGREEMENT

I confirm that I am over 18 years of age. If I am not, my legal guardian has signed this form. As a working member, I commit to attending an orientation session as needed in the future. I also agree to volunteer and complete a work shift of approximately two hours and forty-five minutes (2.75 hours) every four weeks to assist in the co-op's growth and to keep my membership active. If I do not complete my work shift, I may be put on alert or suspended, which will affect my membership status. Finally, I agree to adhere to the official Lefferts Community Food Co-op Membership Handbook. If I am a member investor, I am only agreeing to a financial contribution.

**PLEASE NOTE:** *Attending an Orientation/Informational meeting is not required at this point to join the food co-op. However, as the food co-op gets nearer to opening retail hours, attendance at a LCFC Orientation meeting will be mandatory before you can shop. This is to ensure that everyone is familiar with co-op operations in a retail setting. We will contact you as we near this phase with options.*

*Refer to the Lefferts Community Food Co-op Handbook for more details about your rights and responsibilities as a member of our cooperative. The Handbook will be made available to you once your paperwork is registered with Membership.*

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SIGNATURE

PRINT NAME

DATE

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SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)

PRINT NAME

DATE

**I give permission to use my name in co-op publications:**  Yes  No

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### LOW INCOME QUALIFICATIONS:

If you are joining as a low-income member, please attach a copy of one of the following. All information will be kept confidential and is only use for verification of income status.

- Food Stamps (EBT) Card
- Supplemental Security Income (SSI) form
- Medicaid
- WIC
- Family Health+
- Section 8 housing subsidy

**Return your completed form with initial or full payment by check or money order (no cash please!) to:**

Lefferts Community Food Co-op  
PO Box 250661  
Brooklyn, NY 11225

**OR pay online at [www.leffertsfoodcoop.org/payment](http://www.leffertsfoodcoop.org/payment)**

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## THANK YOU! WELCOME TO OUR CO-OP COMMUNITY!

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**QUESTIONS? CONTACT US AT:**  
[membership@leffertsfoodcoop.org](mailto:membership@leffertsfoodcoop.org)  
201-472-0639

**Help us improve our outreach! Please take our a brief optional survey on the next page**

**OFFICE USE ONLY**

**APPLIED**

Date \_\_\_\_\_

In Person

Event \_\_\_\_\_

Mail

Online

**TYPE OF MEMBERSHIP**

Regular  Low Income  Investor

Date entered into DB \_\_\_\_\_

Membership Card Printed \_\_\_\_\_

Membership Card Received \_\_\_\_\_

**MEMBERSHIP**

Email Confirmation Sent \_\_\_\_\_

Welcome email from Membership Sent

Welcome email from Committee Leader Sent

Attended Orientation \_\_\_\_\_

<b>MEMBER #</b>
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**FINANCE**

To Finance \_\_\_\_\_

**Payment 1 \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment confirmation receipt sent

Invoice sent \_\_\_\_\_

**Payment 2 \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment confirmation receipt sent

Invoice sent \_\_\_\_\_

**Payment 3 \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment confirmation receipt sent

Invoice sent \_\_\_\_\_

**Payment 4 \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment confirmation receipt sent

Invoice sent \_\_\_\_\_

**PAID IN FULL**

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

**PROOF OF LOW INCOME**

Food Stamps (EBT) Card

Supplemental Security Income (SSI) form

Medicaid

WIC

Family Health+

Section 8 housing subsidy

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## DEMOGRAPHICS SURVEY

Help Lefferts Community Food Co-op! Your answers will help us refine our outreach efforts in the community and ensure that we are getting the word out to everyone in the community. **All answers are optional and anonymous. They will not be shared or used outside of the food co-op.**

### How did you find out about Lefferts Community Food Co-op?

- Internet
- Flyer
- Word of mouth
- Presentation at \_\_\_\_\_
- Other member/personal contact
- At an event \_\_\_\_\_
- Attended a LCFC event \_\_\_\_\_

### Your Age

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66 or over

### Gender

- Male    Female    Other

### Your Education

- Less Than High School
- High School/GED
- Some College
- 2 Year College Degree (Associates)
- 4 Year College Degree (BA,BS)
- Masters Degree
- Doctoral Degree
- Professional Degree (MD,JD)

### Employment Status

- Full Time
- Part Time
- Self Employed
- Unemployed

### Your Household Income

- less than \$20,000
- \$20,000 - \$40,000
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 - \$119,999
- \$120,000 - \$149,999
- more than \$150,000

How many people are in your household

\_\_\_\_Adults   \_\_\_\_Children   \_\_\_\_Seniors

### Household Status

- Single
- Married
- Separated
- Divorced
- Widowed
- Domestic Partnership
- Roommates

### Your Ethnic Status

- African American
- Asian/Pacific Islander
- Hispanic
- Native American
- West Indian/Caribbean
- White
- Other \_\_\_\_\_

### Your Zip

\_\_\_\_\_

### How Long Have You Lived in Your Zip?

\_\_\_\_\_

### THANK YOU!

Your responses will help ensure that we reach a wide range of residents in our community!