YES! I am interested in investing in the future of Lefferts Community Food Cooperative! I would like to join as a WORKING MEMBER.

Working members expect to contribute work and to shop at the store, at 324 Empire Boulevard.
Working Members agree to attend an orientation, then join a committee, fulfill a regular volunteer commitment and have member rights.

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.

PLEASE CHECK ONE:
- $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.
- SEED INVESTOR: $50
- SPROUT INVESTOR: $75
- GROWTH INVESTOR: $100
- HARVEST INVESTOR: $150
- OTHER AMOUNT: $_________

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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 ___________________________

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
☐ Other (please list) ___________________________________________________________________

Bring your completed form with initial or full payments on Thursdays, 4-8:30 or Sundays, 11-6 to:
Lefferts Community Food Co-op
324 Empire Boulevard
Brooklyn, NY 11225

THANK YOU! WELCOME TO OUR CO-OP COMMUNITY!

QUESTIONS? CONTACT US AT:
membership@leffertsfoodcoop.org
718-881-0500

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