



MEMBER # _____

NEW MEMBER FORM

**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: \$ _____

MEMBER WORKING PLEASE FILL THIS OUT	
PAYMENT	TODAY'S DATE: ____ / ____ / ____
<input type="checkbox"/> check <input type="checkbox"/> cash/m.o. <input type="checkbox"/> credit card	RECEIVED BY: _____
PAYMENT TOTAL <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Copy of receipt attached (stapled to form)

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 _____

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!