



HOW TO JOIN

Fill out the form below and return it with your member share to:
Springfield Food Co-op
335-1 River St.
Springfield, Vt. 05156

*If you choose to become a working member, please make an appointment with our manager to arrange an orientation session.
802 885-3363

YES I would like to join the Co-op

My full membership share is enclosed :

\$75 Household membership _____

\$5 per Adult household member _____

Total Enclosed _____

I would like to invest or donate
Additional money to the Co-op

I would like to be a working member

Name

Mailing Address

Town

State

Zip

Phone

Email