

CLOVERBELT LOCAL FOOD CO-OPERATIVE INC.

The Cloverbelt Local Food Co-Operative aims to strengthen food security by encouraging diverse local food production, thereby enhancing overall rural sustainability.

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Organization or Member Name:		
Email:	Home phone:	Cell Phone:
Current address:		
City:	Province:	Postal Code:
SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Phone:	Alternate email:	
CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED		
Name	Name	
Name	Name	
I WISH TO BECOME A CONSUMER MEMBER		
I have included \$25 cash or cheque with my membership application.	YES	NO
I WISH TO BECOME A VENDOR MEMBER		
I have included \$50 cash or cheque with my membership application.	YES	NO
Please describe the type of products you wish to sell through our co-op:		
I WISH TO BECOME AN ORGANIZATIONAL MEMBER		
I have included my minimum donation of \$50 by cash or cheque with my application.	YES	NO
Representative name:		
SIGNATURES		
I have read the co-op membership by-laws and handbook and agree to adhere to co-op policies. I understand my membership will not be accepted without providing a valid email address, my membership fee is non-refundable, and I agree to alert the co-op of any changes to my personal information.		
Signature of applicant:	Date:	
Signature of spouse (<i>only if for a joint membership</i>):	Date:	

We strive to foster a thriving local food community by:

- cultivating & facilitating farmer-consumer relationships;
- promoting the enjoyment of naturally grown, fairly priced, healthy food; and
- providing education & resources regarding environmentally sensitive agriculture.