



# Member Information Update

Please list name as currently shown

First Name	Last Name
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Please correct/update fields as necessary. **NOTE: THIS FORM CANNOT BE USED TO CHANGE MEMBER ACCOUNT OWNER. This form can only update the owner's name. For example, name change due to marriage.**

First Name	Last Name
Mailing Address	
City, State, and ZIP code	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email	
Other adult living in household	

Would you like to receive periodic emails about events and news at the Co-op?  Yes  No

Would you like to receive the weekly brief e-News about Co-op sales events?  Yes  No

The Co-op does not share, rent, sell, or loan member information or email.

Need a new member card?  Yes  No **PHONE NUMBER** \_\_\_\_\_

**Pick up in store. You will receive a call when card is ready for pickup (3-5 business days.)**

**Applying for SENIOR Discount?**  Yes  No Cashiers: If yes, CHECK ID for 62 or older.

I hereby acknowledge that I am the Member-Owner, and I authorize these changes.

Member's Signature	Date
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**Thank you for shopping at the Co-op!**

<p><b>Co-op Member</b> Member Number:</p> <table border="1" style="width:100%"> <tr> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> </tr> </table> <p>Is member retaining current member card number?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, new card number issued:</p> <table border="1" style="width:100%"> <tr> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> <td style="width:20%"> </td> </tr> </table>											<div style="border: 2px solid black; padding: 10px; min-height: 150px;"> <p style="text-align: center; margin-top: 0;"><b>ACCEPTED BY / DATE:</b></p> </div>

