



## Seattle Farm Co-op Membership Application

*Please Print*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please name other members of your household: \_\_\_\_\_

*This co-op is run by volunteers. We ask that everyone contribute!*

Please list your occupational or other skills you are willing to contribute:

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*Please check one or more areas where you would like to volunteer*

- Open Hours Warehouse volunteers:** Looking for a 3 hour once a month commitment (training provided)
- Warehouse/tool library repair and carpentry skills volunteer:** Looking for a few handy folks to help with repairs and general maintenance on tools that keep us running. Plus help with small building projects as we grow.
- Warehouse tool library committee:** Looking for 2-4 volunteers to develop a tool sharing check in/out system. This team would also be on the lookout for tools to expand our lending library and set up a pricing on rentals.
- Filing/Quickbooks expert/accounting:** Looking for a knowledgeable person to help with Quickbooks and other accounting issues.
- Warehouse inventory team:** Monthly inventory team to count and update our inventory and order new items.
- Promotion and community events committee:** Help find and promote the co-op at local festivals and community events.
- Skill share committee:** Help build the co-op by finding folks willing to teach skills that promote urban farming and sustainability. Help set up times and locations for classes to be held, plus find attendees.
- ScratchPad Writers:** Looking for submissions of articles on subjects of interest for our quarterly co-op newsletter.
- Website:** We are looking for skilled web designers to create an interesting and dynamic website. We are also looking for help with maintenance of the website.



# Seattle Farm Co-op Membership Agreement

I am applying for lifetime membership in Seattle Farm Co-op (SFC) under the conditions and policies stated in the Articles of Incorporation and Bylaws of SFC, as they may change from time to time by action of the membership or the Board of Directors.

- I understand that a membership must be in the name of one individual only. I also understand that other persons living in my household may use my membership card to shop at SFC, but this does not confer membership upon them.
- I understand that I have many payment options for the membership fee. These include: Full payment; partial monthly payments until full amount is reached; partial payment and partial volunteer time.
  - I choose: *(Please check one)*:
    - Full Payment
    - Monthly payment plan of \$ \_\_\_\_\_
    - Partial Payment of \$25 with 2 volunteer work shifts
- I understand that my co-op benefits do not commence until my membership fee is paid in full according to the payment method I choose.
- I understand that, except as provided by rules adopted by the Board of Directors, my membership is not transferable.
- I understand that all payments to my membership account remain my sole property during my lifetime.
- I understand that my membership shall terminate automatically upon my death and that at that time the balance in my membership account shall revert automatically to SFC.
- I understand that I may resign this membership at any time during my lifetime, and that the membership account refund will be sent to me only, at least 90 days after resignation.
- I agree that all debts owed by me to SFC older than 30 days may be charged, at SFC's option, against my membership account.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please remit application and payment to:**  
**Seattle Farm Co-op**  
PO Box PO Box 84306  
Seattle, WA 98124-5606

-----For Office Use-----

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Total capital contribution to be paid is \$50.00.

Enter amount and date of each payment toward capital contribution.

1st payment	5th payment	9th payment
\$ _____ date _____	\$ _____ date _____	\$ _____ date _____
2nd payment	6th payment	10th payment
\$ _____ date _____	\$ _____ date _____	\$ _____ date _____
3rd payment	7th payment	
\$ _____ date _____	\$ _____ date _____	
4th payment	8th payment	
\$ _____ date _____	\$ _____ date _____	

Or

Work shift #1 \_\_\_\_\_ date

Work Shift #2 \_\_\_\_\_ date

Card No. \_\_\_\_\_